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ABSTRACT

The bulletin, a revision of Practical Nursing for High Schools published in 1963, is a guide for the licensed teacher of nursing in educating the practical nurse student. The publication can be used as a resource for developing the program in individual schools of practical nursing or to develop the behavioral objectives for each procedure. Part 1, Practical Nursing 1 and 2, intended for the junior year, includes: fundamentals of practical nursing, body structure and function, growth and development, and normal nutrition and diet modification. Part 2, Practical Nursing 3 and 4, intended for the senior year, includes: nursing care of patients with diseaces and disorders of the body system, maternal and child care, pediatric nursing, and psychiatric nursing. Each part consists of a brief general introduction and an outline of the objectives for the various units. Each unit presents a course outline developing a general topic, including application and patient-related activities. Where applicable, medical information about bodily systems and functions is provided. The appendix includes a history of the program, a 38-page bibliography, samples of various forms, a sample lesson plan and test, a 24-page visual aids list, and source directory. (Author/BP)

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CURRICULUM BULLETIN • 1973-74 SERIES • NO. 5

Practical Nursing for High Schools

2

BUREAU OF CURRICULUM DEVELOPMENT • BOARD OF EDUCATION • CITY OF NEW YORK

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
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FOREWORD

Practical Nursing for High Schools, a revision of the 1963 edition, is a guide for the teacher of nursing in educating the practical nurse student to function in a patient-centered environment. It is designed to develop a skilled practitioner who will be eligible to take the New York State Practical Nurse License Examination.

Emphasis has been placed upon the acquisition of knowledge and proficiency required for the satisfactory performance of tasks and responsibilities involved in practical nursing. Instruction, practice, and clinical experience are components of the program.

It is hoped that these resource materials will make a significant contribution to the training and licensing of students aspiring to enter the practical nursing profession.

Edythe J. Gaines
Executive Director

ACKNOWLEDGMENTS

This curriculum bulletin, Practical Nursing for High Schools, was prepared as a project of the Bureau of Curriculum Development, Dr. David A. Abramson, Director; Leonard Simon, Acting Assistant Director; in cooperation with the Bureau of Home Economics, Kathleen Rogers, Acting Director. Dr. Edythe Gaines, Executive Director, Division of Educational Planning and Support, provided overall supervision of the curriculum development program.

Dr. Dorothy Silverman, School Research Associate, Bureau of Curriculum Development, served as Coordinator of the Curriculum Development Workshop Program.

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Sincere appreciation is expressed to the many staff members of the high schools and hospitals who assisted in the evaluation of the preliminary draft and who provided guidelines for the revisions reflected in this final edition of the manual.

Edythe Kahn, Editor, Bureau of Curriculum Development, reviewed the materials and supervised the printing production; Lillian Amdur proofread the manuscript; Joseph Feld designed the cover.

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LEGAL DEFINITION OF NURSING PRACTICE

Effective March 15, 1972

The following amendments to Article 139 of the Education Law in relation to the practice of nursing, sponsored by the New York State Nurses Association, were enacted into law on March 15, 1972:

Section 6901:

Definitions. As used in Section 6902:

1. "Diagnosing" in the context of nursing practice means that identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen. Such diagnostic privilege is distinct from a medical diagnosis.
2. "Treating" means selection and performance of those therapeutic measures essential to the effective execution and management of the nursing regimen, and execution of any prescribed medical regimen.
3. "Human Responses" means those signs, symptoms and processes which denote the individual's interaction with an actual or potential health problem.

Section 6902:

Definition of the practice of nursi

1. The practice of the profession
as a registered professional nu
defined as diagnosing and treat
responses to actual or potentia
problems through such services
ing, health teaching, health co
and provision of care supportiv
storative of life and well-bein
cuting medical regimens prescri
licensed or otherwise legally a
physician or dentist. A nursin
shall be consistent with and sh
any existing medical regimen.
2. The practice of nursing as a li
nurse is defined as performing
responsibilities within the fr
finding, health teaching, healt
and provision of supportive and
care under the direction of a r
fessional nurse or licensed or
authorized physician or dentis

Section 6096:

1. Nothing in this article shall b
confer the authority to practic
dentistry.

LEGAL DEFINITION OF NURSING PRACTICE
Effective March 15, 1972

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relation to the practice of
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regimen, and execution of any
edical regimen.

onses" means those signs, symp-
ocesses which denote the indivi-
raction with an actual or poten-
problem.

Section 6902:

Definition of the practice of nursing:

1. The practice of the profession of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential health problems through such services as casefinding, health teaching, health counseling, and provision of care supportive to or restorative of life and well-being, and executing medical regimens prescribed by a licensed or otherwise legally authorized physician or dentist. A nursing regimen shall be consistent with and shall not vary any existing medical regimen.

2. The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of casefinding, health teaching, health counseling, and provision of supportive and restorative care under the direction of a registered professional nurse or licensed or otherwise legally authorized physician or dentist.

Section 6096:

1. Nothing in this article shall be construed to confer the authority to practice medicine or dentistry.

INTRODUCTION

This bulletin, a revision of Practical Nursing for High Schools published in 1962, is a guide for the licensed teacher of nursing. Its aim is to prepare the practical nurse trainee for her role as a licensed practical nurse. The content can be adapted to meet the needs of the student and to offer enrichment to meet the ever-challenging situations in hospitals and health agencies.

This publication can be used as a resource for developing the program in individual schools of practical nursing. The bulletin can also help the teacher to develop the behavioral objectives for each procedure.

Philosophy

An increasing, more alert population has changed the pattern of health care services of communities. The practical nurse is an integral part of the health care for all, and the practical nurse student must be educated to assume these ever-increasing responsibilities. She must be a skilled, safe, and licensed practitioner and an alert, patient teacher. In addition, she must be capable of judgment within the scope of her responsibilities.

Objectives

- To select students with the potential for achievement in the field of practical nursing
- To educate selected students to become skilled, safe, licensed practitioners.
- To alert students to opportunitie
  education in the field of nursing

Part One: Practical Nursing I and I

The content for the junior year inc
lowing areas of study:

Fundamentals of Practical Nu
Body Structure and Function
Growth and Development
Normal Nutrition and Diet Mo

It is suggested that special tables
guides be provided.

Part Two: Practical Nursing III and

Content in the twelfth year includ

Nursing Care of Patients wi
 and Disorders of the Body
Maternal and Child Care
Pediatric Nursing
Psychiatric Nursing

The sequence is determined by the
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Appendix

The appendix includes a history of
a bibliography, samples of various
a sample lesson plan and test.

INTRODUCTION

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responsibilities.

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ield of practical nursing

lected students to become skilled,
practitioners.

. To alert students to opportunities for continued education in the field of nursing

Part One: Practical Nursing I and II

The content for the junior year includes the following areas of study:

Fundamentals of Practical Nursing
Body Structure and Function
Growth and Development
Normal Nutrition and Diet Modification

It is suggested that special tables and study guides be provided.

Part Two: Practical Nursing III and IV

Content in the twelfth year includes:

Nursing Care of Patients with Diseases and Disorders of the Body Systems
Maternal and Child Care
Pediatric Nursing
Psychiatric Nursing

The sequence is determined by the clinical rotation planned for each school and hospital.

Appendix

The appendix includes a history of the program, a bibliography, samples of various forms, and a sample lesson plan and test.

PART ONE: PRACTICAL NURSING I AND II

FUNDAMENTALS OF PRACTICAL NURSING I AND II

INTRODUCTION

The course content of Fundamentals of Practical Nursing I and II for Schools of Practical Nursing should be confined to those phases of nursing defined by law as being within the scope of the Licensed Practical Nurse. These phases of nursing are concerned with the patient, his care, his protection, his program for health improvement and the prevention of illness. The practical nurse should be prepared as a member of the health team. Selected skills are taught and the knowledge is correlated with clinical experience in hospitals associated with the program.

This course is also designed to contribute to the development within the student, of attitudes toward herself, patients, co-workers and the community; and the student should develop appreciation and personal satisfaction in service to his/her fellow man.

OBJECTIVES

1. To gain knowledge and understanding of herself, and of her functions as a practical nurse on the health team.

2. To understand, integrate and apply scientific principles to nursing practice.

3. To develop the ability to prepare and maintain a healthful and comfortable environment for the patient.

4. To acquire skills in the observ
ing of pertinent information.

5. To become skilled in the procedu
mote and maintain the patient's
being.

6. To obtain knowledge, skills, and
in the administration of selecte

7. To acquire knowledge and underst
general characteristics and trea
diseases.

8. To develop knowledge and skill i
patients who are receiving speci

FUNDAMENTALS OF PRACTICAL NURSING I AND II

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program.

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co-workers and the community;
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in service to his/her fellow man.

ge and understanding of herself,
tions as a practical nurse on
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integrate and apply scientific
ursing practice.

ability to prepare and maintain
comfortable environment for the

4. To acquire skills in the observation and recording of pertinent information.

5. To become skilled in the procedures used to promote and maintain the patient's comfort and well being.

6. To obtain knowledge, skills, and understanding in the administration of selected medications.

7. To acquire knowledge and understanding of the general characteristics and treatments of diseases.

8. To develop knowledge and skill in caring for patients who are receiving special treatments.

UNIT 1. VOCATIONAL ADJUSTMENTS

Topic	Content Development	Applic
Practical Nurse Definition	"A person practices nursing as a licensed practical nurse within of this article who for compensation or personal profit performs as are required in the physical care of a patient and in carrying medical orders as prescribed by a licensed physician or by a lic requiring an understanding of nursing but not requiring the serv registered professional nurse.[1]	
History of Practical Nursing	Origin of nursing	
	Professional nursing - Florence Nightingale	Report on Floren
	Practical nursing - Ballard School 1893 (YWCA) Thompson Practical Nursing School 1907 (Vermont) Schools today State Licensure L.P.N., L.V.N.	
Types of Programs	Secondary school Post high school Hospital school Manpower program	
Organizations	NLN - National League for Nursing NAPNES - National Association of Practical Nurse Education and Service NFLPN - National Federation of Licensed Practical Nurses	Student membersh zations should b during senior ye

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[1] Regulations of the Commissioner, Article 1, Section 22, subdivision 2a(5). New York State Department of Education

UNIT 1. VOCATIONAL ADJUSTMENTS

Content Development	Application
"A person practices nursing as a licensed practical nurse within the meaning of this article who for compensation or personal profit performs such duties as are required in the physical care of a patient and in carrying out of medical orders as prescribed by a licensed physician or by a licensed dentist requiring an understanding of nursing but not requiring the services" of a registered professional nurse.[1]	
Origin of nursing	
Professional nursing - Florence Nightingale	Report on Florence Nightingale
Practical nursing - Ballard School 1893 (YWCA) Thompson Practical Nursing School 1907 (Vermont) Schools today State Licensure L.P.N., L.V.N.	
Secondary school Post high school Hospital school Manpower program	
NLN - National League for Nursing NAPNES - National Association of Practical Nurse Education and Service NFLPN - National Federation of Licensed Practical Nurses	Student membership to PN organizations should be considered during senior year

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Commissioner, Article 1, Section 22, subdivision 2a(5). New York State
ation

Topic	Content Development	Applic
Qualifications	Education and native ability	
	Psychometric tests	Practice good st
	Maintain an average of 75% or more in school and clinical area	Prepare a daily nursing and othe
		Use textbooks an study (visit lib areas for nursin periodicals)
		Keep up with ass
		Practice skills at home
	Health (physical and mental)	
	Absence of health problems, such as:	Define health
	Poor vision	
	Poor hearing	Maintain good hea
	Overweight or underweight	
	Poor muscular coordination	Obtain medical an (physical examina tic tests are re employment)
	Epilepsy	
	Orthopedic problems	
	Personal character	
	Maturity - understanding of one's self	Understand and ac and cultures of o of group living
	Ethical behavior	
	Sense of responsibility	Desire to serve o to succeed and ac faction in chosen

Content Development	Application
Education and native ability	
Psychometric tests	Practice good study habits
Maintain an average of 75% or more in school and clinical area	Prepare a daily study plan for nursing and other subjects
	Use textbooks and references for study (visit library, observe areas for nursing texts and periodicals)
	Keep up with assignments
	Practice skills in school and at home
Health (physical and mental)	
Absence of health problems, such as: Poor vision Poor hearing Overweight or underweight Poor muscular coordination Epilepsy Orthopedic problems	Define health Maintain good health standards Obtain medical and dental care (physical examination and diagnostic tests are required for employment)
Personal character	
Maturity - understanding of one's self	Understand and accept customs and cultures of others as part of group living
Ethical behavior	
Sense of responsibility	Desire to serve others in order to succeed and achieve satisfaction in chosen work

Topic	Content Development	Applica
Qualifications	Interpersonal relationships	Develop a code of
		Develop proper at havior toward:
		Superiors
		Peers
		Non-professiona
		Patients' famil
		Accepted code o should be foll upon
Personal Hygiene and Grooming	Student nurse can help to teach her patients principles of good hygiene by example she herself sets	
	Posture	Practice principl (Review Body Stru Body Erect and in
	Nutrition	Eat nutritious me breakfast
	Clothing (appropriate jewelry)	Wear uniform regu jewelry
	Body cleanliness of skin, hair, nails; body odors are offensive to ill people	Keep fingernails Experiment with styles and cosmet
	Teeth and mouth care	Visit dentist fo Prepare a daily personal use

Content Development	Application
Interpersonal relationships	Develop a code of ethics Develop proper attitudes and behavior toward: Superiors Peers Non-professional personnel Patients' families and visitors Accepted code of behavior which should be followed and acted upon
Student nurse can help to teach her patients principles of good hygiene by example she herself sets	
Posture	Practice principles of good posture (Review Body Structure and Function-Body Erect and in Motion)
Nutrition	Eat nutritious meals, especially breakfast
Clothing (appropriate jewelry)	Wear uniform regulation length-limit jewelry
Body cleanliness of skin, hair, nails; body odors are offensive to ill people	Keep fingernails short and smooth. Experiment with appropriate hair styles and cosmetics
Teeth and mouth care	Visit dentist for checkup and care Prepare a daily grooming chart for personal use

Topic	Content Development	Applic
Citizenship	Responsibilities to community	Report on availa agencies and res literature as ne course
Responsibility of a Practical Nurse	Place on health team	Prepare organizat a typical hospit
	Assist professional nurse in care of acutely ill patients	Role-play team c for patient care
	Orient to practical nurse duties and functions on the health team daily plan for patient care correct lines of communication and responsibilities for members of health team	
	Care for subacutely ill, aged, handicapped, mother and baby, and well child	
Employment Opportunities	Areas of employment open to practical nurse: Hospitals, industries, military, public health, etc.	Check employment in newspapers and
Attitudes and Deportment	Manner in which nurse carries and conducts herself can either build up faith people will have in her, or break it down completely Gossip Gratuities Dignity and decorum Courtesy and respect toward others Personal etiquette	Role-play positiv being friendly, avoid gossiping how to avoid acce bribes how offers of aw being dignified,

Content Development	Application
Responsibilities to community	Report on available community agencies and resources-obtain literature as needed throughout course
Place on health team	Prepare organization chart for a typical hospital
Assist professional nurse in care of acutely ill patients	Role-play team conference to plan for patient care
Orient to practical nurse duties and functions on the health team daily plan for patient care correct lines of communication and responsibilities for members of health team	
Care for subacutely ill, aged, handicapped, mother and baby, and well child	
Areas of employment open to practical nurse: Hospitals, industries, military, public health, etc.	Check employment opportunities in newspapers and nursing journals
Manner in which nurse carries and conducts herself can either build up faith people will have in her, or break it down completely Gossip Gratuities Dignity and decorum Courtesy and respect toward others Personal etiquette	Role-play positive traits such as: being friendly, not familiar avoid gossiping about anyone how to avoid accepting tips and bribes how offers of awards are dealt with being dignified, not cold

Topic	Content Development	Applic
Attitudes and Deportment		accepting criti of growing being courteous toward co-work the public proper means of and co-workers avoid talking l gum need for modula
Relationship to Patients	Ethical behavior of patients is influenced by: personal experiences family and community religious background ethnic customs	Observe interrel doctors, nurses,
	Patient's welfare is paramount Maintain confidence of all members of health team	Respect patient' Value patient's Prevent accident to yourself Report all error order to protec hospital
	Legal wills and testaments law suits legal documents liability - all people engaged in service types of employment encounter liability hazards insurance is available to protect employees of service areas	"Not witnessing" kind Abstain from sig Avoid giving out information conc be given by tele

Content Development	Application
	accepting criticism as a means of growing being courteous and respectful toward co-workers, patients and the public proper means of addressing patients and co-workers avoid talking loudly, or chewing gum need for modulating voice
Ethical behavior of patients is influenced by: personal experiences family and community religious background ethnic customs	Observe interrelationship of doctors, nurses, visitors, etc.
Patient's welfare is paramount Maintain confidence of all members of health team	Respect patient's right to privacy Value patient's life as you your own Prevent accidents to patient and to yourself Report all errors or accidents in order to protect patient and hospital
Legal wills and testaments law suits	"Not witnessing" documents of any kind
legal documents	Abstain from signing documents
liability - all people engaged in service types of employment encounter liability hazards	Avoid giving out information-no information concerning patient to be given by telephone, or otherwise
insurance is available to protect employees of service areas	

Topic	Content Development	Applic
Relationship to Patients		Review specific bility for prac clinical area Review hospital ing liability p

Content Development	Application
	Review specific areas of liability for practical nurse within clinical area
	Review hospital policies concerning liability protection

UNIT 2. COMMUNITY HEALTH AND MICROBIOLOGY

Topic	Content Development	Applicat
Microorganisms in Our Environment	Environmental sanitation air pollution water purification milk pasteurization Pure Food and Drug Act meat inspection disposal of waste	Observe and report mental sanitation home surroundings
	Hospital inspection by health and fire department	
	Health agencies community and state	Report on availab agencies; e.g., h
	Introduction to microbiology definition - study of living organisms	Report on scienti by: Pasteur Lister Koch - postu
	Germ causation of disease - a specific disease is caused by a specific organism	
	Classification pathogenic - production of disease non-pathogenic - useful to man putrefaction - anaerobic on proteins fermentation - anaerobic on carbohydrates; e.g., wine, beer nitrogen cycle - organic cycle in nature decay - aerobic	
	See Table of Parasitic Pathogens	Use of microscope of microorgan

UNIT 2. COMMUNITY HEALTH AND MICROBIOLOGY

Content Development	Application
Environmental sanitation air pollution water purification milk pasteurization Pure Food and Drug Act meat inspection disposal of waste	Observe and report on environmental sanitation of school and home surroundings
Hospital inspection by health and fire department	
Health agencies community and state	Report on available community agencies; e.g., home care
Introduction to microbiology definition - study of living organisms	Report on scientific contributions by: Pasteur Lister Koch - postulates
Germ causation of disease - a specific disease is caused by a specific organism	
Classification pathogenic - production of disease non-pathogenic - useful to man putrefaction - anaerobic on proteins fermentation - anaerobic on carbohydrates; e.g., wine, beer nitrogen cycle - organic cycle in nature decay - aerobic	
See Table of Parasitic Pathogens	Use of microscope to examine slides of microorganisms

Topic	Content Development	Applic
Disease Occurrence	Requirements for growth of microorganisms Most bacteria require darkness, moisture warmth, oxygen, nutrients. Aerobic bacteria require free oxygen; e.g., mycobacterium tuberculosis. Anaerobic bacteria live in absence of oxygen; e.g., clostridium botulinum, tetanus.	Use chart on ae pathogenic ba
	Microorganisms reproduce rapidly by binary fission.	
	Spores formed by bacteria when environmental conditions are adverse to their growth.	
	Factors in development of disease Port of entry - pathogens may enter the body via the respiratory, digestive, and genito-urinary tracts, skin, and anthropod bites.	
	Virulence and invasive abilities: structures and secretions which contribute to invasive ability of organisms are capsules, endotoxins, and hemolysis.	
	Exit of host - secretions and excretions of respiratory tract, mouth, feces, urine, infected areas such as wounds and boils, mucous membranes and blood.	
	Infections may be transmitted via: air, water, food and milk.	

Content Development	Application
Requirements for growth of microorganisms Most bacteria require darkness, moisture warmth, oxygen, nutrients. Aerobic bacteria require free oxygen; e.g., mycobacterium tuberculosis. Anaerobic bacteria live in absence of oxygen; e.g., clostridium botulinum, tetanus.	Use chart on aerobic and anaerobic pathogenic bacteria
Microorganisms reproduce rapidly by binary fission.	
Spores formed by bacteria when environmental conditions are adverse to their growth.	
Factors in development of disease Port of entry - pathogens may enter the body via the respiratory, digestive, and genitourinary tracts, skin, and anthropod bites.	
Virulence and invasive abilities: structures and secretions which contribute to invasive ability of organisms are capsules, endotoxins, and hemolysis.	
Exit of host - secretions and excretions of respiratory tract, mouth, feces, urine, infected areas such as wounds and boils, mucous membranes and blood.	
Infections may be transmitted via: air, water, food and milk.	

Topic	Content Development	Applica
Disease Occurrence	Survival outside of host; e.g., spores	
	Agents of transmission - direct and indirect contact	
	Vectors in disease transmission include:	
	fingers, hands	Practice handwash
	foods	
	flies, insects, animals	
	fomites	Review techniques spread of colds etc.
	droplets	
	infected persons or carriers - Sanitary code re: food handlers	
	human blood	
	Number of invaders	
	varies with organism and depends on its virulence, portal of entry	
	some tissues are more susceptible than others	
	Clinical techniques used to prevent spread of infection and communicable disease - a medical and surgical asepsis	
	Occurrences of disease	
	Infectious diseases may also be categorized on basis of how often they occur	Investigate liter papers for rece disease
	endemic	
	epidemic	
	pandemic	
	sporadic	
Disease Prevention	Body resistance to disease	
	Mechanical barriers	
	intact skin; cilia of mucous membrane trap bacteria; break in skin acts as portal of entry of organism; e.g., chapped skin and hangnails	
	Chemical - pH slightly acid	

Content Development	Application
Survival outside of host; e.g., spores Agents of transmission - direct and indirect contact Vectors in disease transmission include:	
fingers, hands	Practice handwashing
foods flies, insects, animals	
fomites droplets infected persons or carriers - Sanitary code re: food handlers human blood	Review techniques to prevent spread of colds, sore throat, etc.
Number of invaders varies with organism and depends on its virulence, portal of entry some tissues are more susceptible than others Clinical techniques used to prevent spread of infection and communicable disease - a medical and surgical asepsis Occurrences of disease	
Infectious diseases may also be categorized on basis of how often they occur endemic epidemic pandemic sporadic	Investigate literature and newspapers for recent outbreaks of disease
Body resistance to disease Mechanical barriers intact skin; cilia of mucous membrane trap bacteria; break in skin acts as portal of entry of organism; e.g., chapped skin and hangnails Chemical - pH slightly acid	

Topic	Content Development	Applic
Disease Prevention	Acidity curbs growth of microorganisms in: tears skin mucuous membrane of vagina - abnormality in pH may result in Monilia vaginitis Stomach contents - HCL	
	Biological - bacterial action of body fluids by bacteriocidal agents lysozyme properdin	Define inflammati action of body List cardinal sig local - redness general - fever pulse rate, hea
	Immunity inborn - heredity naturally acquired passive - by placental transmission active - after attack of disease artificially acquired passive - by injection of immune serum; e.g., tetanus and diphtheria T.A.T. active - by injection of vaccine; e.g., smallpox and poliomyelitis antigens - allergy and hypersensitivity - foreign substance in body which stimulates specific immunity antibody - produced in spleen, lymph glands, bone marrow, endoplasmic reticulum. Substance manufactured by body as a protective mechanism to counteract effect of foregoing materials.	
	Biologicals	
	Antisera Contain antibodies against bacterial exotoxins or certain viruses to provide artificial passive immunity in order to prevent or modify disease. Reactions - serum sickness, sensitivity. Immunity 4-6 weeks.	

Content Development

- Acidity curbs growth of microorganisms in:
    - tears
    - skin
    - mucuous membrane of vagina - abnormality in pH may result in Monilia vaginitis
- Stomach contents - HCL
- Biological - bacterial action of body fluids by bacteriocidal agents
    - lysozyme
    - properdin

- Immunity
    - inborn - heredity
    - naturally acquired
        - passive - by placental transmission
        - active - after attack of disease
    - artificially acquired
        - passive - by injection of immune serum; e.g., tetanus and diphtheria T.A.T.
        - active - by injection of vaccine; e.g., smallpox and poliomyelitis
        - antigens - allergy and hypersensitivity - foreign substance in body which stimulates specific immunity
        - antibody - produced in spleen, lymph glands, bone marrow, endoplasmic reticulum. Substance manufactured by body as a protective mechanism to counteract effect of foregoing materials.

Biologicals

Antisera

Contain antibodies against bacterial exotoxins or certain viruses to provide artificial passive immunity in order to prevent or modify disease.
Reactions - serum sickness, sensitivity.
Immunity 4-6 weeks.

Application

- Define inflammation (overall reaction of body to injury)
- List cardinal signs of inflammation-
    - local - redness, heat, swelling, pain
    - general - fever, increased pulse rate, headache, malaise

Topic	Content Development	Applica
Disease Prevention	Vaccines Contain antigens - used to stimulate artificial active immunity toward some specific disease. May contain living attenuated organisms, killed organisms, killed organisms or toxoids. Immunity -- one year to lifetime.	Give examples of medicine (bacte tuberculosis rickettsial vac Mountain spotte viral vaccine - Salk and Sabin,
	Effect on man	
	Chemotherapy Treatment of disease with chemical compounds without injury to patient. Problems: allergic or toxic reactions to patient; microbe resistance to chemotherapy.	Report on scienti by Paul Ehrlich pound for syphi Sir Alexander F Selman Waksman
	Chemical synthesis Sulfonamides interfere with bacteria's metabolism so they cannot grow. Effective against: streptococci, staphylococci, meningococci, pneumococci, gonococci, and some viruses. Sulfonamides: gantricin sulfasuxidine sulfathalidine	View sulfonamides form
	Para-aminosalicylic acid and (PAS) isonicotinic acid hydrazide (INH) used against M. tuberculosis with streptomycin to reduce development of resistant strains.	

Content Development	Application
Vaccines Contain antigens - used to stimulate artificial active immunity toward some specific disease. May contain living attenuated organisms, killed organisms, killed organisms or toxoids. Immunity -- one year to lifetime.	Give examples of vaccines used in medicine (bacterial vaccine - tuberculosis rickettsial vaccine - Rocky Mountain spotted fever, typhus viral vaccine - poliomyelitis - Salk and Sabin, toxoid - tetanus)
Effect on man	
Chemotherapy Treatment of disease with chemical compounds without injury to patient. Problems: allergic or toxic reactions to patient; microbe resistance to chemotherapy.	Report on scientific investigation by Paul Ehrlich - arsenic compound for syphilis Sir Alexander Fleming - penicillin Selman Waksman - streptomycin
Chemical synthesis Sulfonamides interfere with bacteria's metabolism so they cannot grow. Effective against: streptococci, staphylococci, meningococci, pneumococci, gonococci, and some viruses. Sulfonamides: gantricin sulfasuxidine sulfathalidine	View sulfonamides in pill or powder form
Para-aminosalicylic acid and (PAS) isonicotinic acid hydrazide (INH) used against M. tuberculosis with streptomycin to reduce development of resistant strains.	

Topic	Content Development	Applic
Disease Prevention	Antibiotics A metabolic product synthesized by certain microorganisms which can inhibit or destroy other microorganisms.	View vials of streptomycin - erythromycin,
	Penicillin Produced by a mold (Penicillin notatum) effective against gram-positive and gram-negative bacteria and spirochetes (syphilis). Many penicillins are produced synthetically to overcome weakness of original antibiotic.	
	Streptomycin Effective against gram-negative bacilli (M. tuberculosis). Resistant strains of organisms (drugfast) may develop, making the antibiotics useless.	
	Chloramphenicol and the tetracyclines have a broad spectrum activity range.	

Content Development	Application
Antibiotics A metabolic product synthesized by certain microorganisms which can inhibit or destroy other microorganisms.	View vials of penicillin, streptomycin - capsules of erythromycin, achromycin
Penicillin Produced by a mold (Penicillin notatum) effective against gram-positive and gram-negative bacteria and spirochetes (syphilis). Many penicillins are produced synthetically to overcome weakness of original antibiotic.	
Streptomycin Effective against gram-negative bacilli (M. tuberculosis). Resistant strains of organisms (drugfast) may develop,making the antibiotics useless.	
Chloramphenicol and the tetracyclines have a broad spectrum activity range.	

TABLE I - PARASITIC PATHOGENS

Parasitic Microorganisms	Parasitic Diseases	
Animal Kingdom		
Helmenthica (worms)	Hookworm Tapeworm Trichinosis Pinworm Filariasis	
Parasitic Microorganism		
Protozoa	Malaria Sleeping sickness Protozoan dysentery	
Plant Kingdom		
Bacteria	Whooping cough Diphtheria Anthrax Plague Tetanus Rheumatic fever Bacterial dysentery	Typhoid fever Food poisoning Syphilis Gonorrhea Abscesses Tuberculosis
Rickettsias	Typhus Rocky Mountain spotted fever	
Viruses	Colds Poliomyelitis Mumps Yellow fever Virus penumonia	Measles Smallpox Rabies Hepatitis Mononucleosis

TABLE II - CONTROL OF MICROORGANISMS

METHODS OF CONTROL	PURPOSE
Effect on materials	
Physical	
Sterilization	Sterilization of glassware, instrumen
Heat	Sterilization of needles and loops
Dry heat	
Hot air	
Open flame	
Incineration	
Moist heat	
Boiling	Destruction of organisms on dishes an
Autoclave - steam under pressure	Sterilization of equipment - instrume goods, glassware, etc.
Fractional sterilization - live steam	Materials subjected to sterilization in succession to kill spores
Radiation	
Pasteurization	Destroys pathogens in milk
Ultraviolet light	Reduces airborne infections in hospit
Filtration - separation of bacteria from liquids or from toxin, enzymes, etc.	Filtration of water for drinking
Sonic vibration - mechanical disruption of cells	Research in constituents of cells
Preservation	
Cold temperatures - decrease in chemical reaction	Special freezing process to preserve and cultures
Lyophilization - dehydration	Preserves bacterial cultures
Desiccation - bacteriostatic effect	Preserves food
Osmotic pressure - bacteriocidal effect	Preserves food

TABLE II - CONTROL OF MICROORGANISMS

ODS OF CONTROL	PURPOSE
ls	
	Sterilization of glassware, instruments, drugs, etc.
	Sterilization of needles and loops
ir	
flame	
eration	
t	
g	Destruction of organisms on dishes and equipment
lave - steam under pressure	Sterilization of equipment - instruments, rubber goods, glassware, etc.
ional sterilization - live steam	Materials subjected to sterilization several times in succession to kill spores
on	Destroys pathogens in milk
ight	Reduces airborne infections in hospitals, etc.
paration of bacteria from om toxin, enzymes, etc.	Filtration of water for drinking
- mechanical disruption of	Research in constituents of cells
es - decrease in chemical	Special freezing process to preserve foods, drugs, and cultures
- dehydration	Preserves bacterial cultures
acteriostatic effect	Preserves food
e - bacteriocidal effect	Preserves food

METHODS OF CONTROL	PURPOSE
Chemical disinfection	
Factors which control rate of disinfection: kind of agent, concentration, temperature and time, number of organisms, and their chacteristics. Safety - an important consideration in selection of disinfection	
Types Antiseptic Chemical substance that prevents growth either by inhibiting or destroying microorganisms	Bacteriostatic - inhibits growth.
Disinfectant Chemical agent that destroys disease-producing organisms	Not usually effective against spores Bacteriocide or germicide - kills ba sporicide - kills spores viricide - kills viruses fungicide - kills fungi
Agents: Acids: kinds - pH+ (H^+) H_2SO_4, HNO_3, HCL	Rarely used
Alkalines: kinds - pH- (OH^-) NaOH, NH_4OH	Rarely used Phenol Preservatives - used for tubercular Hexachlorophene - disinfection of sk Cresol - disinfection of instruments Alcohol - ethyl isopropyl - antisept
Halogens - chlorine and compounds	Disinfect water, sanitization of ut dairy equipment Iodine disinfects equipment, active viruses, and fungi
Salts of heavy metals Mercuric chloride Silver nitrate	Skin and thermometer disinfection; e

IODS OF CONTROL	PURPOSE
tion	
control rate of disinfection: nt, concentration, temperature and r of organisms, and their chacter- afety - an important consideration on of disinfection	
l substance that prevents growth by inhibiting or destroying micro- ms	Bacteriostatic - inhibits growth.
nt l agent that destroys disease-pro- organisms	Not usually effective against spores. Bacteriocide or germicide - kills bacteria sporicide - kills spores viricide - kills viruses fungicide - kills fungi
nds - pH+ (H+) H_2SO_4, HNO_3, HCL	Rarely used
kinds - pH- (OH-) NaOH, NH_4OH	Rarely used
	Phenol
	Preservatives - used for tubercular sputum
	Hexachlorophene - disinfection of skin
	Cresol - disinfection of instruments
	Alcohol - ethyl isopropyl - antiseptic on skin
chlorine and compounds	Disinfect water, sanitization of utensils and dairy equipment Iodine disinfects equipment, active against spores, viruses, and fungi
eavy metals ic chloride nitrate	Skin and thermometer disinfection; eye drops

METHODS OF CONTROL	PURPOSE
Dyes	
Crystal violet	Isolates gram-negative bacteria Treatment of wounds
Quaternary Ammonia	Antiseptic of skin, disinfection of dairies
Formaldehyde	Kills - M.tuberculosis in sputum and fungus in shoes Gas used to disinfect rooms; preserv
Hydrogen Peroxide	Cleanses wounds by oxidation
Potassium Permanganate	Antibacterial action on tissue surfa

HODS OF CONTROL	PURPOSE
l violet	Isolates gram-negative bacteria Treatment of wounds
nary Ammonia	Antiseptic of skin, disinfection of utensils in dairies
dehyde	Kills - M.tuberculosis in sputum and athlete's foot fungus in shoes Gas used to disinfect rooms; preserve specimens
en Peroxide	Cleanses wounds by oxidation
ium Permanganate	Antibacterial action on tissue surfaces
.	

UNIT 3. PREPARATION AND MAINTENANCE OF PATIENT'S ENVIRONMENT

Topic	Content Development	Applicati
Patient's Room	Ventilation - is adjusted for comfort of patient, not for nurse room temperature, (65°-75°) and humidity (30-60%) - maintain comfortable room temperature and air flow wind deflectors, air conditioners, electric fans - safety in handling electrical equipment and heating devices	Observe and become ventilating tempe humidifying equ lighting faciliti patient patient signal sy
	Lighting - diffuse lighting to prevent glare,- window shades and blinds to reduce glare	
	overhead lights reading lights lighting for television viewing night lights	Observe amount of l pendent on condi patient
	Noise - produces irritability, restlessness, and fatigue	
	knocking radiators dripping and leaking faucets flapping window shades squeaking beds slamming doors	Report presence of equipment Develop a supersens Learn use of door s Learn to deal with patients, co-worke
Room	Equipment and Furniture	Practice and use of
	hospital bed - mattress overbed table for meals or recreational activities wardrobe and /or dresser bedside chair bedside stepping stool bedside table	bedside stepping bed gatch bedside equipment Report on bedside e sition - chrome, monel, plastic (d stainless steel,

NIT 3. PREPARATION AND MAINTENANCE OF PATIENT'S ENVIRONMENT

Content Development	Application
Ventilation - is adjusted for comfort of patient, not for nurse room temperature, (65°-75°) and humidity (30-60%) - maintain comfortable room temperature and air flow wind deflectors, air conditioners, electric fans - safety in handling electrical equipment and heating devices	Observe and become familiar with ventilating temperature and humidifying equipment lighting facilities - in reach of patient patient signal system
Lighting - diffuse lighting to prevent glare,- window shades and blinds to reduce glare	
overhead lights reading lights lighting for television viewing night lights	Observe amount of light needed;dependent on condition and age of patient
Noise - produces irritability, restlessness, and fatigue	
knocking radiators dripping and leaking faucets flapping window shades squeaking beds slamming doors	Report presence of broken or unsafe equipment Develop a supersensitivity to noise Learn use of door stops and silencers Learn to deal with noises made by patients, co-workers, visitors
Equipment and Furniture	Practice and use of
hospital bed - mattress overbed table for meals or recreational activities wardrobe and /or dresser bedside chair bedside stepping stool bedside table	bedside stepping stool bed gatch bedside equipment Report on bedside equipment composition - chrome, enamel, glass, monel, plastic (disposable), stainless steel, wood

Topic	Content Development	Appl
Maintenance of a Clean Environment	Equipment found in bedside stand;variations	Check basic eq stand before to unit
	wash cloth and towels soap dish with soap wash basin emesis basin and mouth wash cup toothbrush and tooth cleanser comb bedpan with cover pitcher and glass for fresh drinking water personal belongings of the patient	Role-play reasons why stand is d how to expla patient wi Explain how to sick room
	Prevention of infection	
	handwashing-general principles methods of disinfection mechanical - soap, water, friction physical - sunlight, heat, boiling chemical solutions (Lysol) Zephiran Chloride (1:750 - 1:20,000)	
	Daily cleaning of patient unit and environment	
	damp dusting care of plants and flowers	Practice mainta liness damp dusting clean patient reconstitutio

Content Development	Application
Equipment found in bedside stand;variations wash cloth and towels soap dish with soap wash basin emesis basin and mouth wash cup toothbrush and tooth cleanser comb bedpan with cover pitcher and glass for fresh drinking water personal belongings of the patient	Check basic equipment in bedside stand before patient is admitted to unit Role-play reasons why keeping food in bedside stand is discouraged how to explain these reasons to patient without offending him Explain how to make adaptations for sick room environment in home
Prevention of infection handwashing-general principles methods of disinfection mechanical - soap, water, friction physical - sunlight, heat, boiling chemical solutions (Lysol) Zephiran Chloride (1:750 - 1:20,000)	
Daily cleaning of patient unit and environment damp dusting care of plants and flowers	Practice maintaining medical cleanliness damp dusting clean patient unit reconstitution of patient unit

Topic	Content Development	Applicatio
Maintenance of a Clean Environment	Terminal cleaning reconstitution of environment - sterilization of equipment	
Maintenance of a Safe Environment	Prevention is first rule of safety	
	cupboard doors and drawers closed when not in use windows opened with care	Accepting responsibil taining safety rul
	spilled liquids to be wiped up immediately	Locate fire preventi
	broken glass and china to be cleared away immediately	Learn rules for repo drill signals and during drill
	bed gatch clamps replaced to position immediately after use proper disposal of trash NO practical jokes or pranks careful opening and closing of doors	Explain circumstance nurse must immedia spilled liquids or
	NO smoking in unauthorized areas handle and use electrical equipment with care	Role-play procedure accidents
Bedmaking	Demonstrate stripping and airing bed bagging of linen	Practice methods of soiled
	Demonstrate procedures for closed or standing bed, open bed, occupied bed	methods and locati clean linen suppl
	Discuss eliminating wrinkles in bed linens conserving linen supply	special methods fo handling linens
	protecting mattress improvising protection techniques in home avoid "flapping" sheets and blankets allowing for freedom of movement for patient's legs	Practice making closed bed, open b bed

Content Development	Application
Terminal cleaning	
reconstitution of environment - sterilization of equipment	
Prevention is first rule of safety	
cupboard doors and drawers closed when not in use	Accepting responsibility for maintaining safety rules
windows opened with care	
spilled liquids to be wiped up immediately	Locate fire prevention apparatus
broken glass and china to be cleared away immediately	Learn rules for reporting fire, fire drill signals and responsibilities during drill
bed gatch clamps replaced to position immediately after use	Explain circumstances under which nurse must immediately clean up spilled liquids or broken glass
proper disposal of trash	
NO practical jokes or pranks	
careful opening and closing of doors	
NO smoking in unauthorized areas	Role-play procedure for reporting accidents
handle and use electrical equipment with care	
Demonstrate stripping and airing bed	Practice
bagging of linen	methods of soiled linen disposal
Demonstrate procedures for closed or standing bed, open bed, occupied bed	methods and location of storing clean linen supply
Discuss	special methods for identifying and handling linens from isolation unit
eliminating wrinkles in bed linens	
conserving linen supply	
protecting mattress	Practice making
improvising protection techniques in home	closed bed, open bed, and occupied bed
avoid "flapping" sheets and blankets	
allowing for freedom of movement for patient's legs	

Topic	Content Development	Ap
Bedmaking	Special considerations in bedmaking	View illustr clinical a
	Demonstrate use of bed cradle and foot board	CircOlect Stryker f stretche (emphasiz
		Practice use of be use of fo

Content Development	Application
Special considerations in bedmaking	View illustrations or observe in clinical area
Demonstrate use of bed cradle and foot board	CircOlectric bed Stryker frame stretcher bed (emphasize precautions)
	Practice use of bed cradle use of foot board

UNIT 4. THE PATIENT AS A PERSON

Topic	Content Development	Application
The Patient as a Person	His response to his illness	
	fear of death fear of disfigurement fear of disability	
	His response to the hospital	Plan a new patients' day including:
	bewilderment in strange environment unfamiliarity with hospital routine cultural differences in food and preparation of food	nursing care doctors visits meals diagnostic tests treatments etc.
	His response to the nurse	Role-play
	does she understand his language does she understand his problems does she really know what to do for him is she sympathetic toward his problems	Patient enters the the first time; and apprehensive fears. Communicating with speaking patient
	The nurse's response to the patient - each patient is a unique individual with previous experiences, cultural patterns, needs and habits.	
	maintain and instill attitude of calm reassurance and confidence reassure patient's family	

UNIT 4. THE PATIENT AS A PERSON

Content Development	Application
His response to his illness fear of death fear of disfigurement fear of disability	
His response to the hospital bewilderment in strange environment unfamiliarity with hospital routine cultural differences in food and preparation of food	Plan a new patients' routine hospital day including: nursing care doctors visits meals diagnostic tests treatments etc.
His response to the nurse does she understand his language does she understand his problems does she really know what to do for him is she sympathetic toward his problems	Role-play Patient enters the hospital for the first time; seems disturbed and apprehensive. Nurse to allay fears. Communicating with non-English-speaking patient.
The nurse's response to the patient - each patient is a unique individual with previous experiences, cultural patterns, needs and habits. maintain and instill attitude of calm reassurance and confidence reassure patient's family	

Topic	Content Development	App
Patient Enters Hospital	Demonstrate admitting patient to hospital	
	greeting the patient	Practice adm
	helping the patient to bed - respect for patient's feelings: privacy, modesty, embarrassment	hospital check cl observe skill in
	care of clothing - regardless of their condition	
	care of valuables - accuracy in listing all the patient's belongings	
	initial recording of observations	
	vital signs general appearance subjective symptoms	
	introducing the patient to	
	location of water fountain bathroom and toilet facilities telephones recreation rooms call bell or other signal systems hospital routines mealtime visiting hours doctors' visits rest and sleeping periods	

	Content Development	Application
pital	Demonstrate admitting patient to hospital greeting the patient helping the patient to bed - respect for patient's feelings: privacy, modesty, embarrassment care of clothing - regardless of their condition care of valuables - accuracy in listing all the patient's belongings initial recording of observations vital signs general appearance subjective symptoms introducing the patient to location of water fountain bathroom and toilet facilities telephones recreation rooms call bell or other signal systems hospital routines mealtime visiting hours doctors' visits rest and sleeping periods	Practice admitting patient to hospital check clothing and valuables observe and record vital signs skill in communicating

Topic	Content Development	Application
Patient's Chart	Patient's program of care is maintained through medium of a chart. Chart is a record of:	
	past history of health present illness - signs and symptoms	Read patient records in clinical areas
	examination findings treatment of present illness nursing care	View types of hospita used
	information to be used in event of future illness legal importance to patient, hospital, doctor and nurse	Obtain and record per . tion related to adm
		Practice technique of
	Importance of accuracy legibility briefness completeness literacy - ability to use words and expressions correctly chart as a legal record	Role-play establishing rappor and family
Pertinent Information	Vital signs - techniques of measuring and recording	Practice skills requi
	temperature oral rectal axillary	temperature
	pulse quality rate regularity	pulse
	respiration quality rate regularity	respiration
	blood pressure	blood pressure

Content Development	Application
Patient's program of care is maintained through medium of a chart. Chart is a record of:	
past history of health present illness - signs and symptoms examination findings	Read patient records with permission in clinical areas
treatment of present illness nursing care	View types of hospital chart forms used
information to be used in event of future illness legal importance to patient, hospital, doctor and nurse	Obtain and record pertinent information related to admission
	Practice technique of interviewing
Importance of accuracy legibility briefness completeness literacy - ability to use words and expressions correctly chart as a legal record	Role-play establishing rapport with patient and family
Vital signs - techniques of measuring and recording	Practice skills required for
temperature oral rectal axillary	temperature
pulse quality rate regularity	pulse
respiration quality rate regularity	respiration
blood pressure	blood pressure

Topic	Content Development	Ap
Pertinent Information	Objective symptoms -- observation of patient and recording of symptoms skin eyes posture personality others	Record and c Record objec Record subje
	Subjective symptoms pain nausea others	Role-play Patient te Nurse th servatio ments of
	Atypical emotional behavior	
Preparing Patient for Physical Examination	Weigh and measure patient	Obtain and re balanced sc Record pertin patient ch
Collection of essential information	Collection of specimens: essential information for urine, sputum, stool, etc. types of collecting containers used purposes for specimens amount of specimen to collect correct label and accuracy of information for specimen correct laboratory to which specimen is sent accurate recording on patient's chart	Obtain and ha Record test r sheet of pa Practice coll for routine midstrea fraction assist i specime

	Content Development	Application
tion	Objective symptoms - observation of patient and recording of symptoms skin eyes posture personality others	Record and chart vital signs Record objective symptoms Record subjective symptoms
	Subjective symptoms pain nausea others	Role-play Patient tells nurse how she feels. Nurse then records her own observations, complaints,and comments of patient.
	Atypical emotional behavior	
for tion	Weigh and measure patient	Obtain and record weights (using balanced scales)and heights. Record pertinent information on patient chart
ntial	Collection of specimens: essential information for urine, sputum, stool, etc. types of collecting containers used purposes for specimens amount of specimen to collect correct label and accuracy of information for specimen correct laboratory to which specimen is sent accurate recording on patient's chart	Obtain and handle specific specimens Record test result on appropriate sheet of patient's chart Practice collection of urine specimen for routine (single) midstream fractional - 24 hours assist in catheterization for specimen

Topic	Content Development	Applicatio
Prepare Patient for Physical Examination	Assist with physical examination	Prepare equipment fo
	Positioning the patient types of positions horizontal recumbent position dorsal recumbent position (for pelvic or rectal examination) dorsal lithotomy position Sims' position knee-chest position Trendelenburg position (for shock) standing or erect position jackknife position	Practice positioning patient according physical examinat Role-play Importance of adeq to patients as a m maximum patient co
	Uses and purposes of positions application of principles for positioning in the home	
	Drape patient for physical examination	Observe and record p condition and rea

Content Development	Application
Assist with physical examination	Prepare equipment for examination
Positioning the patient types of positions horizontal recumbent position dorsal recumbent position (for pelvic or rectal examination) dorsal lithotomy position Sims' position knee-chest position Trendelenburg position (for shock) standing or erect position jackknife position	Practice positioning and draping patient according to needs of physical examination. Role-play Importance of adequate explanation to patients as a means of securing maximum patient cooperation
Uses and purposes of positions application of principles for positioning in the home	
Drape patient for physical examination	Observe and record patient's condition and reactions

UNIT 5. PROCEDURES TO PROMOTE COMFORT AND WELL-BEING

Topic	Content Development	Appl
Personal Cleanliness of Patient	Emphasis should be placed on the patient's feelings when being cared for by others. For example: Patients on coronary precautions may object to being fed or bathed when they can perform those procedures for themselves. Some patients are particularly embarrassed to have a younger person perform such duties as offering and removing bedpan, catheterizations, surgical preparations, enemas, etc.	Role-play How to show patient'
Morning and Evening Care	Care of	
	mouth and teeth - dentifrice and mouth wash	Assist patient and teeth
	dentures - cleanser and storage - emphasize cost and value to patient	
	containers	
	skin - use of deodorants nails - hands and feet, emphasize safety precautions when cutting nails	Assist patient and nails
	hair - comfortable and attractive styling during bed rest	
	care of hair pieces	
	combing and brushing	
	dry shampoo	
	pediculosis treatments	

	Content Development	Application
s of	Emphasis should be placed on the patient's feelings when being cared for by others. For example: Patients on coronary precautions may object to being fed or bathed when they can perform those procedures for themselves. Some patients are particularly embarrassed to have a younger person perform such duties as offering and removing bedpan, catheterizations, surgical preparations, enemas, etc.	Role-play How to show respect for patient's feelings
	Care of	
	mouth and teeth - dentifrice and mouth wash dentures - cleanser and storage - emphasize cost and value to patient containers	Assist patient with care of mouth and teeth
	skin - use of deodorants nails - hands and feet, emphasize safety precautions when cutting nails	Assist patient with care of hair and nails
	hair - comfortable and attractive styling during bed rest care of hair pieces combing and brushing dry shampoo pediculosis treatments	

Topic	Content Development	Application
Morning and Evening Care	back - massage technique - prevention of pressure sores	
	Demonstrate complete bed bath procedure	Practice following p
	Assisting patient with tub bath	complete bed bath tub bath
	Assisting patient with shower bath	shower morning care
	Morning care	evening care
	Evening care	Provide above care t in clinical area
Elimination	Demonstration of total bedpan and urinal technique Demonstrate bedpan technique	Observe use of: mechanical bedpan bedpan sterilizer disposable equipm
	use of bedside commode use of urinal assisting patient to bathroom	Practice following p
		bedpan and urinal handwashing for p student nurse a or urinal use observing content checking orders specimens measuring for o accurate record chart using good body helping to li staying with or until complet after care of p after care of e

Content Development	Application
back - massage technique - prevention of pressure sores	
Demonstrate complete bed bath procedure Assisting patient with tub bath Assisting patient with shower bath Morning care Evening care	Practice following procedures complete bed bath tub bath shower morning care evening care Provide above care to patient in clinical area
Demonstration of total bedpan and urinal technique Demonstrate bedpan technique use of bedside commode use of urinal assisting patient to bathroom	Observe use of: mechanical bedpan cleaner bedpan sterilizer equipment disposable equipment Practice following procedures bedpan and urinal technique handwashing for patient and student nurse after bedpan or urinal use observing contents of bedpan checking orders for saving specimens measuring for output record accurate recording on patient chart using good body mechanics when helping to lift patient staying with or near patient until completion of procedure after care of patient after care of equipment

Topic	Content Development	Appl
Maintain Patient Safety and Comfort	Safety devices and equipment bedside rails stepping stool	Practice safet patient and devices and
	Comfort devices and equipment overbed table bedside table gatch bed electric bed floatation bed air mattress pillows sand bags foot board bed cradle cushions - foam rubber disposable linen	Practice metho sores and c Learn where an ment after Improvise comf use
	Moving patient in and out of bed- body mechanics for patient and nurse	
	wheelchair stretcher	Practice assis in and out in and out on and off
Nutrition for Patient	Diet ordered by the doctor for individual patient Special diets to meet specific disease conditions	Practice serving foo feeding pat

	Content Development	Application
fety	Safety devices and equipment bedside rails stepping stool	Practice safety precautions for patient and nurse, using comfort devices and equipment
	Comfort devices and equipment overbed table bedside table gatch bed electric bed floatation bed air mattress pillows sand bags foot board bed cradle cushions - foam rubber disposable linen	Practice methods of preventing bed sores and circulatory restrictions Learn where and how to store equipment after use Improvise comfort devices for home use
	Moving patient in and out of bed- body mechanics for patient and nurse wheelchair stretcher	Practice assisting patient in and out of bed in and out of wheelchair on and off stretcher
nt	Diet ordered by the doctor for individual patient Special diets to meet specific disease conditions	Practice serving food trays feeding patient

Topic	Content Development	Applicati
Nutrition for Patient	Food trays served attractively proper temperature considering likes and dislikes of patient considering cultural and religious differences	Role-play giving instructi and family on
	Feeding the patient	
	Charting amount of food and fluids taken patient reaction to diet	
Recreation Diversions for Patient	Value of occupational diversion	Survey of hospital available to the provide diversio
	Encourage patient to become interested in recreational diversion; e.g., newspapers, books, magazines - hospital lending library for patient use television and bedside radio - use of earphone sets jigsaw puzzles	
	crocheting, knitting, embroidering - safety precautions	Practice teaching p to knit, crochet,

Content Development	Application
Food trays served attractively proper temperature considering likes and dislikes of patient considering cultural and religious differences	Role-play giving instructions to patient and family on special diets
Feeding the patient	
Charting amount of food and fluids taken patient reaction to diet	
Value of occupational diversion	Survey of hospital facilities available to the patient to provide diversion
Encourage patient to become interested in recreational diversion; e.g., newspapers, books, magazines- hospital lending library for patient use television and bedside radio - use of earphone sets jigsaw puzzles	
crocheting, knitting, embroidering - safety precautions	Practice teaching patient how to knit, crochet, etc.

Topic	Content Development	Ap
Recreation Diversions for Patient		
	Care of flowers and plants personal meaning to patients of these gifts	Practice cutting and arranging
Maintain Medical Asepsis for Patient on Isolation Precautions	Special adaptations in care of patient on isolation precautions	
	Psychological effect on patient	
	Purpose of an isolation unit	
	Importance of handwashing	
	Demonstrate setting up an isolation unit	
	bed and necessary bed linens bedside stand and equipment utility table with	Observe in clinic Island Bed" -
	food tray dishes pepper and salt shakers thermometer in container container with clean masks container for soiled masks forceps in disinfecting solution	Practice setting up isol handwashing tec
	use of disposable equipment and materials	

Content Development	Application
Care of flowers and plants personal meaning to patients of these gifts	Practice cutting stems on angle and arranging flowers
Special adaptations in care of patient on isolation precautions	
Psychological effect on patient	
Purpose of an isolation unit	
Importance of handwashing	
Demonstrate setting up an isolation unit	
bed and necessary bed linens bedside stand and equipment utility table with	Observe in clinical area "Life Island Bed" - germ free unit
food tray dishes pepper and salt shakers thermometer in container container with clean masks container for soiled masks forceps in disinfecting solution	Practice setting up isolation unit handwashing technique
use of disposable equipment and materials	

Topic	Content Development	Applica
Maintain Medical Asepsis for Patient on Isolation Precautions	Wash stand for hand basin if there is no sink or running water in or near the vicinity of patient unit	Practice disposal waste
	basin soap, soap dish pitcher paper towels and newspaper squares paper disposal container or bag pail for water disposal	
	I.V. standard or clothes tree for hanging isolation gown	
	hamper for soiled linen - wrap and label linen	Practice caring f
	Demonstrate general techniques for maintaining medical asepsis	
	putting on an isolation gown removing isolation gown glove technique use of forceps use of disposal gowns, gloves and linen	Practice procedur general asepsis gown technique glove technique forceps techniq
Patient Is Discharged From Hospital	Preparation of the patient for discharge	Practice
	informing patient and family of proposed date and time of discharge	discharge of p completion of per individu procedure

Content Development	Application
Wash stand for hand basin if there is no sink or running water in or near the vicinity of patient unit basin soap, soap dish pitcher paper towels and newspaper squares paper disposal container or bag pail for water disposal	Practice disposal of contaminated waste
I.V. standard or clothes tree for hanging isolation gown	
hamper for soiled linen - wrap and label linen	Practice caring for soiled linen
Demonstrate general techniques for maintaining medical asepsis	
putting on an isolation gown removing isolation gown glove technique use of forceps use of disposal gowns, gloves and linen	Practice procedures for maintaining general asepsis gown technique glove technique forceps technique
Preparation of the patient for discharge	Practice
informing patient and family of proposed date and time of discharge	discharge of patient completion of patient record per individual hospital procedure

Topic	Content Development	App
Patient Is Discharged From Hospital	assembling patient's belongings helping patient to dress ensuring the fact that patient and family have necessary instructions for follow-up treatment, when indicated	
	Demonstrate escorting patient through discharge routine	Practice escorting p by wheel c
	Complete patient's discharge record	Record discha complete p
	Care of patient's unit following discharge	
	strip, air, and clean patient's unit reconstitution of patient's unit	Review recons unit
Applications of Heat and Cold Heat	Heat - physical, chemical, and psychological effect of treatment	
	effect of heat on the body heat as a treatment	
	Demonstrate methods of applying heat-include testing equipment before use and after care	Practice meth
	hot water bottle electric heating pad or blanket heat lamp hot compresses hot packs hot soaks poultices and counter-irritants Sitz baths	
	Recording of procedure and results - legal implications	Record reacti

	Content Development	Application
ed	assembling patient's belongings helping patient to dress ensuring the fact that patient and family have necessary instructions for follow-up treatment, when indicated	
	Demonstrate escorting patient through discharge routine	Practice escorting patient out of hospital by wheel chair or stretcher
	Complete patient's discharge record	Record discharge information and complete patient's record
	Care of patient's unit following discharge	
	strip, air, and clean patient's unit reconstitution of patient's unit	Review reconstruction of patient's unit
t		
	Heat - physical, chemical, and psychological effect of treatment	
	effect of heat on the body heat as a treatment	
	Demonstrate methods of applying heat - include testing equipment before use and after care	Practice methods of applying heat
	hot water bottle electric heating pad or blanket heat lamp hot compresses hot packs hot soaks poultices and counter-irritants Sitz baths	
	Recording of procedure and results - legal implications	Record reactions and results

Topic	Content Development	Application
pplications of Heat and Cold Cold	Cold - physical, chemical,and psychological effect of treatment effect of cold on body cold as a treatment methods of applying cold	
	Demonstrate methods of applying cold	Practice methods of apply
	ice cap ice collar cold compresses sponge baths water alcohol	preparation and of equipment preparation and
hermal Equipment	Compliance with hospital policy regarding safety factors in use of hydrotherapy, thermal,and electrical equipment	recording reacti
edicated Baths	Effect of medicated baths on body	Practice preparing and gi baths
	starch saline alkaline	
	Importance of testing equipment before use preventing chilling of patient	
cientific Principles of Irrigations of Lower Abdominal and Pelvic Regions	Review structure and function Physical action - pressure, friction, diffusion of gases conduction of heat Psychological action - allay fears by explanation, reassurance, privacy	

Content Development	Application
Cold - physical, chemical, and psychological effect of treatment effect of cold on body cold as a treatment methods of applying cold	
Demonstrate methods of applying cold ice cap ice collar cold compresses sponge baths water alcohol	Practice methods of applying cold preparation and after-care of equipment preparation and care of patient
Compliance with hospital policy regarding safety factors in use of hydrotherapy, thermal, and electrical equipment	recording reactions and results
Effect of medicated baths on body starch saline alkaline	Practice preparing and giving medicated baths
Importance of testing equipment before use preventing chilling of patient	
Review structure and function Physical action - pressure, friction, diffusion of gases conduction of heat Psychological action - allay fears by explanation, reassurance, privacy	

Topic	Content Development	Appl
	Chemical action	
Scientific Principles of Irrigations of Lower Abdominal and Pelvic Regions	characteristics of contents of fecal and vaginal excretion gases formed by putrefaction of proteins and action of bacteria in large intestines	
	Microbiological action	
	bacilli coli are normal flora of alimentary canal but may be pathogenic in other areas	Practice proper hand for pati prevent especial after care
Enemas	Nonretention enemas	Practice prepar
	purposes of cleansing enemas	tration of
	soap suds enema tap water enema saline enema commercial preparations	enemas rectal tubes suppositorie
	carminative enemas	Practice afterc equipment
	demonstrate	Chart reacti
	preparation of necessary equipment preparation of patient for treatment techniques of administration aftercare of patient recording of procedure and results aftercare of equipment	

Content Development	Application
Chemical action characteristics of contents of fecal and vaginal excretion gases formed by putrefaction of proteins and action of bacteria in large intestines	
Microbiological action bacilli coli are normal flora of alimentary canal but may be pathogenic in other areas	Practice proper hand washing technique for patient and nurse to prevent spread of disease especially hepatitis after care of equipment
Nonretention enemas purposes of cleansing enemas soap suds enema tap water enema saline enema commercial preparations carminative enemas	Practice preparation and administration of enemas rectal tubes suppositories Practice aftercare of patient and equipment
demonstrate preparation of necessary equipment preparation of patient for treatment techniques of administration aftercare of patient recording of procedure and results aftercare of equipment	Chart reaction and results

Topic	Content Development	Applicatio
Enemas	Retention enemas purposes types oil retention enema medication anaesthesia	
	Diagnostic test enema barium	
Other Rectal Procedures	Demonstrate insertion of rectal tube purpose equipment	Practice insertion o and suppositories
	Demonstrate insertion of rectal suppositories purposes equipment	
	Discuss use of Harris drip purposes equipment	
		Chart procedures
Gastro-Intestinal Irrigations	Irrigations purpose equipment kinds colonic-demonstrate height of can and method of administering ileostomy gastrostomy colostomy	

Content Development	Application
Retention enemas purposes types oil retention enema medication anaesthesia	
Diagnostic test enema barium	
Demonstrate insertion of rectal tube purpose equipment	Practice insertion of rectal tube and suppositories
Demonstrate insertion of rectal suppositories purposes equipment	
Discuss use of Harris drip purposes equipment	Chart procedures
Irrigations purpose equipment kinds colonic-demonstrate height of can and method of administering ileostomy gastrostomy colostomy	

Topic	Content Development	Appl
Gastro-Intestinal Irrigations	Demonstrate caring for a colostomy preparation of equipment preparation of patient - physical and psychological administration of procedure aftercare of patient aftercare of equipment charting of reactions and results	Practice caring colosto Teach patie colosto List agenc supplyi Discuss su and ins acceptar
Urinary Bladder Drainage and Irrigation	Review structure and function of urinary system Catheterization purposes diagnostic therapeutic	Practice catheteriz bladder ir
	demonstrate catheterization preparation of patient-physical and psychological procedure sterile glove technique care of specimen patient equipment charting	Practice using disp
	Bladder irrigations - indication for use	

Content Development	Application
Demonstrate caring for a colostomy preparation of equipment preparation of patient - physical and psychological administration of procedure aftercare of patient aftercare of equipment charting of reactions and results	Practice caring for patient with a colostomy Teach patient to irrigate colostomy List agencies for home care and supplying of equipment Discuss supportive counseling and instruction for family acceptance of problem
Review structure and function of urinary system Catheterization purposes diagnostic therapeutic	Practice catheterization bladder irrigation
demonstrate catheterization preparation of patient-physical and psychological procedure sterile glove technique care of specimen patient equipment charting	Practice using disposable equipment
Bladder irrigations - indication for use	

Topic	Content Development	Application
Urinary Bladder Drainage and Irrigation	Indwelling catheter demonstrate irrigation and replacement care of patient care of drainage	Chart reaction an
Gynecological Treatments	Structure and function of female reproductive system Perineal care Demonstration of procedure purpose of procedure equipment preparation of patient explanation of procedure charting	Clinical orientat vation of perineal irrig vaginal irriga vaginal suppos
	Vaginal irrigation and vaginal suppositories demonstration of procedures purposes preparation of equipment preparation of patient explanation of procedure administration charting	Practice vaginal and insertion o suppositories Chart results and

Content Development	Application
Indwelling catheter demonstrate irrigation and replacement care of patient care of drainage	Chart reaction and results
Structure and function of female reproductive system Perineal care Demonstration of procedure purpose of procedure equipment preparation of patient explanation of procedure charting	Clinical orientation to observation of perineal irrigation vaginal irrigation vaginal suppository
Vaginal irrigation and vaginal suppositories demonstration of procedures purposes preparation of equipment preparation of patient explanation of procedure administration charting	Practice vaginal irrigations and insertion of vaginal suppositories Chart results and reactions

Topic	Content Development	App
The Unconscious Patient	Nursing care of unconscious patient	Observe and a conscious p
	Degrees of consciousness anesthetized drowsy stuporous comatose	Practice use side rails restraints
	Unconsciousness does not indicate that patient is unable to hear what is being said.	
	Physical care	Chart procedu patient
	maintenance of adequate breathing suction of excess mucous maintenance of good body circulation by positioning	
	demonstrate use of sheet use of hand rolls use of pillow range of motion exercises skin care mouth care use of safety devices	
The Incontinent Patient	Nursing care of incontinent patient	Observe and pr care for in care for a indwelling rigations
	Psychological effect on patient and family considerations for patient's feelings measures for protecting skin-cleanliness prosthetic devices indwelling catheter care	

	Content Development	Application
ient	Nursing care of unconscious patient	Observe and assist with care of unconscious patient
	Degrees of consciousness anesthetized drowsy stuporous comatose	Practice use of side rails restraints
	Unconsciousness does not indicate that patient is unable to hear what is being said.	
	Physical care	Chart procedures and conditions of patient
	maintenance of adequate breathing suction of excess mucous maintenance of good body circulation by positioning	
	demonstrate use of sheet use of hand rolls use of pillow range of motion exercises skin care mouth care use of safety devices	
ient	Nursing care of incontinent patient	Observe and provide care for incontinent patient care for patient with an indwelling catheter - irrigations
	Psychological effect on patient and family considerations for patient's feelings measures for protecting skin-cleanliness prosthetic devices indwelling catheter care	

Topic	Content Development	Application
The Incontinent Patient	measures for protecting bed and clothing of patient measures to help establish regularity use of room deodorants	
The Dying Patient	Care of dying patient	
	attitude of nurse signs of approaching death	
	religious considerations	Learn hospital policy considerations
	implication of approaching death to patient and family discretion concerning conversations near patient	
	Care of body after death	Observe post-mortem
	nursing responsibilities positioning cleansing	
	equipment public health regulations	Review aftercare of equipment
	Care of patient's belongings	
	Obtaining permission for autopsy and transplants	
	Close patient's chart	Close patient's chart
Special Considerations in Care of the Aged	Normal changes of aged - Need for understanding that advancing age brings normal and expected changes in physiology of the body and that physiological changes can cause some emotional and mental changes	Comply with specific the hospital in reg safety precautions

Content Development	Application
measures for protecting bed and clothing of patient measures to help establish regularity use of room deodorants	
Care of dying patient	
attitude of nurse signs of approaching death	
religious considerations	Learn hospital policy for religious considerations
implication of approaching death to patient and family discretion concerning conversations near patient	
Care of body after death	Observe post-mortem care
nursing responsibilities positioning cleansing	
equipment public health regulations	Review aftercare of room and equipment
Care of patient's belongings	
Obtaining permission for autopsy and transplants	
Close patient's chart	Close patient's chart
Normal changes of aged - Need for understanding that advancing age brings normal and expected changes in physiology of the body and that physiological changes can cause some emotional and mental changes	Comply with specific policies of the hospital in regard to routine safety precautions for the aged

Topic	Content Development	Appl
Special Considerations in Care of the Aged	physiological emotional social mental economic	
	Changes in needs of aged- require extra safety precautions.	
	rest and sleep patterns food habits and requirements recreational and occupational patterns	Review use of bedside ra bedside st etc.
		Visit
	economic and social needs of the aged-special communication	rehabilitat golden age senior cit nursing ho

	Content Development	Application
ons d	physiological emotional social mental economic	
	Changes in needs of aged- require extra safety precautions	
	rest and sleep patterns food habits and requirements recreational and occupational patterns	Review use of bedside rails bedside stepping stools etc.
	economic and social needs of the aged-special communication	Visit rehabilitation center golden age club senior citizen club nursing homes

UNIT 6. SPECIAL TREATMENTS

Topic	Content Development	Applicat
Nursing Care of Patients Receiving Inhalation Therapy	Oxygen - a colorless, odorless, tasteless gas, which supports combustion; essential for life.	Clinical orientati familiarity wi reading vari oxygen ga in use adjusting fl through g a prescri
	Review structure and function of respiratory tract	
	Indications for administering oxygen when there is an inadequate supply of oxygen in the atmosphere for patients whose heart conditions interfere with normal blood circulation to lungs for patients with an inadequate supply of red blood cells, as in hemorrhage, or severe anemia for patients whose air passages may be obstructed, as in asthma, thyroid enlargement, pneumonia, emphysema, etc. for patients who have disease conditions which might interfere with normal chemistry (acid-base balance) of the blood, as in diabetes mellitus	

UNIT 6. SPECIAL TREATMENTS

Content Development	Application
Oxygen - a colorless, odorless, tasteless gas, which supports combustion; essential for life.	Clinical orientation provides familiarity with: reading various types of oxygen gauges currently in use adjusting flow of oxygen through gauge to achieve a prescribed rate of flow
Review structure and function of respiratory tract	
Indications for administering oxygen when there is an inadequate supply of oxygen in the atmosphere for patients whose heart conditions interfere with normal blood circulation to lungs for patients with an inadequate supply of red blood cells, as in hemorrhage, or severe anemia for patients whose air passages may be obstructed, as in asthma, thyroid enlargement, pneumonia, emphysema, etc. for patients who have disease conditions which might interfere with normal chemistry (acid-base balance) of the blood, as in diabetes mellitus	

Topic	Content Development	Applic
Nursing Care of Patients Receiving Inhalation Therapy	Methods of administering oxygen nasal canula - hollow tubes that fit into nose nasal catheter - narrow rubber tube inserted into the nose to the pharynx	
	face mask - mask which covers nose and mouth oxygen tent - large canopy which covers the upper part of the bed hyperbaric unit	Role-play apply a face m student in c placing studen Observe demons therapist
	Safety considerations in use of oxygen due to its combustibility - sparks produced by static in vicinity of oxygen can be extremely dangerous - no smoking; avoid use of oil; use only static-free material	Formulate nurs patient in diagnosis c heart disea
	Administration of oxygen varies according to physical facilities in hospitals. Oxygen may be stored in tanks or may be fed directly into the patient area from a central source.	
	All containers for the storage of gas under pressure should be handled carefully. A written warning is attached to each container.	

	Content Development	Application
nts	Methods of administering oxygen nasal canula - hollow tubes that fit into nose nasal catheter - narrow rubber tube inserted into the nose to the pharynx	
	face mask - mask which covers nose and mouth oxygen tent - large canopy which covers the upper part of the bed hyperbaric unit	Role-play apply a face mask to another student in oxygen tent placing student in oxygen tent Observe demonstration by oxygen therapist
	Safety considerations in use of oxygen due to its combustibility - sparks produced by static in vicinity of oxygen can be extremely dangerous - no smoking; avoid use of oil; use only static-free material	Formulate nursing care plan for patient in oxygen tent with a diagnosis of congestive heart disease
	Administration of oxygen varies according to physical facilities in hospitals. Oxygen may be stored in tanks or may be fed directly into the patient area from a central source.	
	All containers for the storage of gas under pressure should be handled carefully. A written warning is attached to each container.	

Topic	Content Development	Applica
Nursing Care of Patients Receiving Inhalation Therapy	Role of nurse in promoting safety avoid production of static electricity by use of cotton blankets instead of wool wear cotton clothing instead of nylon or other synthetic fibers which may produce static electricity provide sufficient warmth for patient in tent provide some means for communication; a non-electric bell or buzzer plan in advance all nursing procedures in order to avoid opening and closing tent too often	Assist with care ceiving oxygen observe and re general app
Methods of Ventilation	Respirator Bird Bennett Nebulizer Vaporizer Humidifier Gases - Carbon dioxide	Assist with care ventilation th
Nursing Care of Patients Receiving Intravenous Fluid Therapy	Intravenous infusions - provide large quantities of fluid by direct injection into a vein Reasons for administering intravenous infusions to supply body with large quantities of fluid, salts, and foods when the patient is unable to take them by mouth, as in unconsciousness to replenish blood supply, as in the case of hemorrhage	Clinical orientat central supply blood bank administration fluids preparation of to receive therapy

	Content Development	Application
ts	Role of nurse in promoting safety avoid production of static electricity by use of cotton blankets instead of wool wear cotton clothing instead of nylon or other synthetic fibers which may produce static electricity provide sufficient warmth for patient in tent provide some means for communication; a non-electric bell or buzzer plan in advance all nursing procedures in order to avoid opening and closing tent too often	Assist with care of patient receiving oxygen observe and record patient's general appearance
	Respirator Bird Bennett	Assist with care of patient receiving ventilation therapy
	Nebulizer	
	Vaporizer	
	Humidifier	
	Gases - Carbon dioxide	
	Intravenous infusions - provide large quantities of fluid by direct injection into a vein	Clinical orientation to central supply unit blood bank administration of intravenous fluids preparation of patient about to receive intravenous fluid therapy
	Reasons for administering intravenous infusions to supply body with large quantities of fluid, salts, and foods when the patient is unable to take them by mouth, as in unconsciousness to replenish blood supply, as in the case of hemorrhage	

Topic	Content Development	Applica
Nursing Care of Patients Receiving Intravenous Fluid Therapy	to restore the proper acid-base balance of the body, as in severe dehydration from vomiting, diarrhea, burns	
	to provide glucose and insulin to a patient in diabetic coma	
	Solutions used in intravenous fluid therapy normal saline glucose in water; glucose in saline whole blood plasma proteins as amino acids in solution minerals in solution	
	Solutions containing various types of drugs antibiotics heart stimulants vitamins diuretics hormones sedatives	
	Demonstrate assisting physician with intravenous therapy explain procedure to patient	Practice sett tray
	Important points rate of flow of solution is determined by physician report patient complaints promptly and to proper person need to make frequent observations of patient and site of needle need to recognize infiltration at site of needle make no attempt to adjust needle or tubing	

Content Development	Application
to restore the proper acid-base balance of the body, as in severe dehydration from vomiting, diarrhea, burns	
to provide glucose and insulin to a patient in diabetic coma	
Solutions used in intravenous fluid therapy normal saline glucose in water; glucose in saline whole blood plasma proteins as amino acids in solution minerals in solution	
Solutions containing various types of drugs antibiotics heart stimulants vitamins diuretics hormones sedatives	
Demonstrate assisting physician with intravenous therapy explain procedure to patient	Practice setting up intravenous tray
Important points rate of flow of solution is determined by physician report patient complaints promptly and to proper person need to make frequent observations of patient and site of needle need to recognize infiltration at site of needle make no attempt to adjust needle or tubing	

Topic	Content Development	Applica
Nursing Care of Patients Receiving Intravenous Fluid Therapy	preserve patient's comfort without disturbing treatment record type of solution rate of flow time - began and ended patient's reaction	Practice assistin I.V. therapy
Nursing Care of Patients Undergoing Intubation of Stomach and Intestines	Intubation - introduction of a tube through the nose or mouth into the alimentary canal	Observe variety o currently in u
	Indications for gastro-intestinal intubation: remove secretions for analysis remove gas and fluids to relieve abdominal distention post-operatively remove gas and fluids when distention is caused by an intestinal obstruction	Role-play assisting phys tion assemble equip prepare patien (physician per aftercare of e
	Introduce radio-opaque dyes for x-ray examination food and fluids when patient is unable to take them himself, as in unconsciousness milk and antacids at a continuous prescribed rate; i.e., milk drip for treating gastric ulcers remove fluids from stomach in preparation for surgery fluids for purposes of washing stomach and neutralizing poisons	

Content Development	Application
preserve patient's comfort without disturbing treatment	
record type of solution rate of flow time - began and ended patient's reaction	Practice assisting physician with I.V. therapy
Intubation - introduction of a tube through the nose or mouth into the alimentary canal	Observe variety of intubation tubes currently in use.
Indications for gastro-intestinal intubation: remove secretions for analysis remove gas and fluids to relieve abdominal distention post-operatively remove gas and fluids when distention is caused by an intestinal obstruction	Role-play assisting physician with intubation assemble equipment prepare patient - explain procedure (physician performs procedure) aftercare of equipment
Introduce radio-opaque dyes for x-ray examination food and fluids when patient is unable to take them himself, as in unconsciousness milk and antacids at a continuous prescribed rate; i.e., milk drip for treating gastric ulcers remove fluids from stomach in preparation for surgery fluids for purposes of washing stomach and neutralizing poisons	

Topic	Content Development	Applic
Nursing Care of Patients Undergoing Intubation of Stomach and Intestines	Types of tubes for intubation Miller-Abbott tube Cantor tube Levine tube Gastric lavage tube as ordered by physician	Record pertinent Collect and labe
	Demonstrate procedure for intubation; explain procedure to patient	Observe procedur
	Suction methods - withdrawing of air, gas, or fluid from a body cavity made possible by the creation of a negative pressure vacuum syringe method 3-bottle Wangensteen method electric suction apparatus Gomco pump - intermittent suction	
	Principles of creating negative pressure to facilitate suctioning use of a syringe, needle, and 30 cc. hermetically sealed vial will adequately demonstrate this principle	
Use and Application of Bandages and Binders	Bandages and binders are used to hold dressings and compresses apply pressure on various parts of body to control bleeding apply pressure and give support to parts of body where weak-walled vessels may become unduly engorged as in varicose veins of the legs provide support for breasts postnatally provide support for abdomen post-operatively and to prevent undue tension on sutured incisions provide support for injured limbs; fractures	View types of ba materials in u

Content Development	Application
Types of tubes for intubation Miller-Abbott tube Cantor tube Levine tube Gastric lavage tube as ordered by physician	Record pertinent information Collect and label specimen
Demonstrate procedure for intubation; explain procedure to patient	Observe procedure; assist physician
Suction methods - withdrawing of air, gas, or fluid from a body cavity made possible by the creation of a negative pressure vacuum syringe method 3-bottle Wangensteen method electric suction apparatus Gomco pump - intermittent suction	
Principles of creating negative pressure to facilitate suctioning use of a syringe, needle, and 30 cc. hermetically sealed vial will adequately demonstrate this principle	
Bandages and binders are used to hold dressings and compresses apply pressure on various parts of body to control bleeding apply pressure and give support to parts of body where weak-walled vessels may become unduly engorged as in varicose veins of the legs provide support for breasts postnatally provide support for abdomen post-operatively and to prevent undue tension on sutured incisions provide support for injured limbs; fractures	View types of bandage and binder materials in use in clinical area

Topic	Content Development	Applicat
Use and Application of Bandages and Binders	Materials used in making bandages and binders gauze unbleached muslin cotton flannel elastic cotton crinoline impregnated with plaster of Paris adhesive tape (Montgomery straps) and adhesive compresses	
	Types of bandages and binders and their uses roller bandage triangular bandage elastic cotton roller bandage T-binders scultetus binder abdominal binder breast binder	Unless specificall ings should be k Observations for s ritation around tape Observations for s restriction, par elastic bindings Record patient's r
	Demonstrate using roller bandages of appropriate sizes to cover various parts of the body two skin surfaces must be separated by padding or some layers of gauze	
	Demonstrate applying sling elastic roller bandage to leg-reroll Montgomery straps breast binder T-binder abdominal binder scultetus binder	Practice applying parts of body Practice applicati straps and care Practice applicati elastic bandage abdominal binde breast binder scultetus binde T-binder

Content Development	Application
Materials used in making bandages and binders gauze unbleached muslin cotton flannel elastic cotton crinoline impregnated with plaster of Paris adhesive tape (Montgomery straps) and adhesive compresses	
Types of bandages and binders and their uses roller bandage triangular bandage elastic cotton roller bandage T-binders scultetus binder abdominal binder breast binder	Unless specifically ordered, dressings should be kept dry and clean Observations for signs of skin irritation around or under adhesive tape Observations for signs of circulatory restriction, particularly with elastic bindings Record patient's reaction
Demonstrate using roller bandages of appropriate sizes to cover various parts of the body two skin surfaces must be separated by padding or some layers of gauze	
Demonstrate applying sling elastic roller bandage to leg-reroll Montgomery straps breast binder T-binder abdominal binder scultetus binder	Practice applying roller bandage to parts of body Practice application of Montgomery straps and care of dressings Practice application of elastic bandages to leg abdominal binder breast binder scultetus binder T-binder

Topic	Content Development	Applic
Preoperative Nursing Care Principles	Preoperative nursing care of the patient; adequate preoperative nursing care tends to relieve patient anxieties and contributes to better patient cooperation	
	Demonstrate assisting in preparation of the patient for surgery	
	Emotional preparation Many patients fear surgery because it is a strange and unknown experience. Nurse's approach to performance of duties should be calm and unhurried in order not to increase patient's confusion and worry.	
	A simple explanation of purpose of many preoperative procedures can help to relieve much of patient's anxieties;explanations limited by hospital regulations	
	Explanations of what patient can expect to happen postoperatively will also relieve the patient of concern; i.e., deep breathing exercises, passive leg exercises, periodic changes of positions, etc. These explanations can also be demonstrated for patient by going through each procedure.	Record pertinent reactions Role-play Encourage pati Help patient t rotation of Help patient t bed, with th sheet" if ne
	Legal preparation operative permit is a legal document which must be signed before the patient receives any surgical treatment	Comply with hosp regarding op responsibili signature witness responsibili

Content Development	Application
Preoperative nursing care of the patient; adequate preoperative nursing care tends to relieve patient anxieties and contributes to better patient cooperation	
Demonstrate assisting in preparation of the patient for surgery	
Emotional preparation Many patients fear surgery because it is a strange and unknown experience. Nurse's approach to performance of duties should be calm and unhurried in order not to increase patient's confusion and worry.	
A simple explanation of purpose of many preoperative procedures can help to relieve much of patient's anxieties;explanations limited by hospital regulations	
Explanations of what patient can expect to happen postoperatively will also relieve the patient of concern; i.e., deep breathing exercises, passive leg exercises, periodic changes of positions, etc. These explanations can also be demonstrated for patient by going through each procedure.	Record pertinent psychological reactions Role-play Encourage patient to breathe deeply. Help patient to exercise legs, rotation of ankles, knee bends. Help patient to change position in bed, with the aid of a "turning sheet" if necessary.
Legal preparation operative permit is a legal document which must be signed before the patient receives any surgical treatment	Comply with hospital policies regarding operative permit: responsibility for patient signature witness responsibility of relatives

Topic	Content Development	Applic
Preoperative Nursing Care Principles	Religious preparation respect patient's request for visit from clergyman	Practice procedu patient to receiv nurse's respon paring patie Communion privacy during ence between Record visit of c
	Physical preparation - nursing responsibilities assisting during the physical examination carrying out physician's orders for collecting specimens observing and recording vital signs skin care - cleansing and shaving operative site treatment irrigation	Role-play - care and prep for surgery Practice skin preparat Record all proced
	Physician's preoperative orders - these will specify particular requests for: bladder elimination - catheterization bowel elimination - enema or colon irrigation gastro-intestinal intubation intravenous fluid therapy preoperative sedative medications	Clinical orientat preoperative prep patient
	Nursing responsibilities - these may not be specified by specific physician orders but should be performed for the patient regardless of the kind of surgery planned for him mouth care removal of prostheses, dentures, hair ornaments, jewelry, nail and facial cosmetics	Prepare nursing c operative patient surgical proce

Content Development	Application
Religious preparation respect patient's request for visit from clergyman	Practice procedures for assisting patient to receive spiritual comfort- nurse's responsibility in preparing patient to receive Holy Communion privacy during spiritual conference between patient and clergy Record visit of clergy
Physical preparation - nursing responsibilities assisting during the physical examination carrying out physician's orders for collecting specimens observing and recording vital signs skin care - cleansing and shaving operative site treatment irrigation	Role-play - care and preparation of patient for surgery Practice skin preparation - shaving, cleansing Record all procedures
Physician's preoperative orders - these will specify particular requests for: bladder elimination - catheterization bowel elimination - enema or colon irrigation gastro-intestinal intubation intravenous fluid therapy preoperative sedative medications	Clinical orientation to immediate preoperative preparation of the patient
Nursing responsibilities - these may not be specified by specific physician orders but should be performed for the patient regardless of the kind of surgery planned for him mouth care removal of prostheses, dentures, hair ornaments, jewelry, nail and facial cosmetics	Prepare nursing care plan for preoperative patient- surgical procedure: appendectomy

Topic	Content Development	Applica
Preoperative Nursing Care Principles	safeguarding patient's valuables providing proper clothing - hair bandanna, gown, leggings preparation of medication accurate and complete recording of all patient procedures on patient chart vital signs before transportation to the operating room are recorded	
	Transportation of patient to operating room - since patients are usually heavily sedated preoperatively, extreme precautions should be taken when helping patient from bed to stretcher, use of side rails and restraining straps when being transported from one area to another on a stretcher	Accompany patient Assist patient on emphasize safety
Forms of Anesthesia in Common Use	General anesthesia inhalation - ether, cyclopropane intravenous - sodium pentothal rectal - Avertin Local anesthesia local infiltration - procaine topical - ethyl chloride spinal - xylocaine refrigeration - hypothermia	Observe anesthetizing general local

Content Development	Application
safeguarding patient's valuables providing proper clothing - hair bandanna, gown, leggings preparation of medication accurate and complete recording of all patient procedures on patient chart vital signs before transportation to the operating room are recorded	
Transportation of patient to operating room - since patients are usually heavily sedated preoperatively, extreme precautions should be taken when helping patient from bed to stretcher, use of side rails and restraining straps when being transported from one area to another on a stretcher	Accompany patient to operating room Assist patient on and off stretcher emphasize safety
General anesthesia inhalation - ether, cyclopropane intravenous - sodium pentothal rectal - Avertin	Observe anesthetizing of patient general local
Local anesthesia local infiltration - procaine topical - ethyl chloride spinal - xylocaine refrigeration - hypothermia	

Topic	Content Development	Applicat
Postoperative Nursing Care Principles	Postoperative nursing care - begins with preparation of recovery unit. Recovery unit may be in a specially designated area of hospital, or it may be patient's unit where he had been preoperatively	Clinical orientati recovery unit intensive care Assist with immedi care of patient
	Demonstrate postoperative care	
	Recovery (ether) bed - basically same as an ordinary bed extra protection for head of bed upper bedding is usually folded to edge of one side of the bed to facilitate transferring patient from stretcher to bed bedside rails	
	Bedside stand - cleared of everything except necessary equipment for postoperative care emesis basin and paper wipes, extra airways blood pressure apparatus recording of vital signs	
	Special equipment - depends upon the needs of patient and type of surgery he has undergone chest surgery (heart and lungs) - underwater seal, oxygen	Assemble special I.V. infusion I.V. cutdown t tracheotomy tr suction apparat
	abdominal and gastro-intestinal surgery - 3 bottle Wangensteen suction apparatus, or other suction apparatus head and neck surgery - electric suction pump, oxygen, tracheotomy tray, bell, pencil, paper	Locate special eq shock blocks cut-down sets open drainage closed drainag water seal) T-tube drainag
	genito-urinary surgery: open drainage equipment, sterile tubing and dressings orthopedic surgery - sandbags, bedboards, traction apparatus	Check drainage tu

Content Development	Application
Postoperative nursing care - begins with preparation of recovery unit. Recovery unit may be in a specially designated area of hospital, or it may be patient's unit where he had been preoperatively	Clinical orientation to recovery unit intensive care unit Assist with immediate postoperative care of patient
Demonstrate postoperative care	
Recovery (ether) bed - basically same as an ordinary bed extra protection for head of bed upper bedding is usually folded to edge of one side of the bed to facilitate transferring patient from stretcher to bed bedside rails	
Bedside stand - cleared of everything except necessary equipment for post-operative care emesis basin and paper wipes, extra airways blood pressure apparatus recording of vital signs	
Special equipment - depends upon the needs of patient and type of surgery he has undergone chest surgery (heart and lungs) - underwater seal, oxygen abdominal and gastro-intestinal surgery - 3 bottle Wangensteen suction apparatus, or other suction apparatus head and neck surgery - electric suction pump, oxygen, tracheotomy tray, bell, pencil, paper genito-urinary surgery: open drainage equipment, sterile tubing and dressings orthopedic surgery - sandbags, bedboards, traction apparatus	Assemble special equipment if ordered I.V. infusion standard I.V. cutdown tray tracheotomy tray suction apparatus Locate special equipment shock blocks cut-down sets open drainage system closed drainage system (under-water seal) T-tube drainage system Check drainage tubes for flow

Topic	Content Development	Applica
Postoperative Nursing Care Principles	Check physician's orders for - vital signs, I.V. rate and flow, diet Check all orders concerning tubes leading from operative site, gastro-intestinal tract, or urinary tract - check for proper and free drainage through tubes protruding from dressings, or from gastro-intestinal tract, or from urinary tract - make sure drainage tubes are not kinked, or that there is no undue tension on them; always consult team leader should there be any question about the kind of care to be given. Be sure that team leader and /or physician knows general condition of patient, and report any change in vital signs. An unconscious patient should always have a qualified person at his bedside. Do not assume responsibility for fixing or changing equipment, infusion rate of flow; consult team leader. Exercise care and discretion in the kind of conversations held within earshot of a patient who appears to be unconscious - avoid unguarded conversations near patient - hearing sense is last to be lost, and first to be regained.	Observe care patient vital sign skin - che consciousn position f airway change assist and c Practice use cleanlines frequent d
Significance of Post-Operative Discomforts and Complaints	Postoperative complaints and discomforts - it is expected that patients will have one or more of the following after undergoing surgery. Nursing care is most effective if it is understood that these discomforts can be relieved, but not necessarily avoided.	Prepare nursi post-operativ appendectomy

Content Development	Application
Check physician's orders for - vital signs, I.V. rate and flow, diet	Observe care of post-operative patient vital signs skin - check operative site consciousness of patient position for unobstructed airway change position frequently assist in deep breathing and coughing
Check all orders concerning tubes leading from operative site, gastro-intestinal tract, or urinary tract - check for proper and free drainage through tubes protruding from dressings, or from gastro-intestinal tract, or from urinary tract - make sure drainage tubes are not kinked, or that there is no undue tension on them; always consult team leader should there be any question about the kind of care to be given.	Practice use of drainage bottles cleanliness frequent disposal of content
Be sure that team leader and /or physician knows general condition of patient, and report any change in vital signs.	
An unconscious patient should always have a qualified person at his bedside. Do not assume responsibility for fixing or changing equipment, infusion rate of flow; consult team leader.	
Exercise care and discretion in the kind of conversations held within earshot of a patient who appears to be unconscious - avoid unguarded conversations near patient - hearing sense is last to be lost, and first to be regained.	
Postoperative complaints and discomforts - it is expected that patients will have one or more of the following after undergoing surgery. Nursing care is most effective if it is understood that these discomforts can be relieved, but not necessarily avoided.	Prepare nursing care plan for post-operative patient with an appendectomy

Topic	Content Development	Applic
Significance of Post-Operative Discomforts and Complaints	Post-operative complaints and discomforts	
	pain - post-operative medication (narcotic)	Role-play and pra What nurse can d some of the more pain - help pa position - cannot hurt help patient t this may rel check with tea operative me of pain.
	restlessness and sleeplessness - most frequently caused by pain	restlessness check bedding dampness change all mo patients pe
	thirst - preoperative medications and anesthesia account for much thirst experienced by patients	
	nausea - occasionally this is the result of the kind of anesthesia the patient has had	chips of ice t often relie as thirst
	inability to void is not an unusual occurrence; it may contribute to patient's restlessness and general discomfort	Explain technique patient to voi
		inability to encourage p before res catheteri
		catheterize p

Content Development	Application
Post-operative complaints and discomforts	
pain - post-operative medication (narcotic)	Role-play and practice What nurse can do to help to relieve some of the more common complaints pain - help patient to change position - assure him that he cannot hurt himself help patient to empty his bladder; this may relieve him of pain check with team leader for post-operative medication for relief of pain.
restlessness and sleeplessness - most frequently caused by pain	restlessness and sleeplessness- check bedding for wrinkles and dampness change all moist linens; many patients perspire a great deal
thirst - preoperative medications and anesthesia account for much thirst experienced by patients	
nausea - occasionally this is the result of the kind of anesthesia the patient has had	chips of ice to moisten mouth often relieve nausea as well as thirst
inability to void is not an unusual occurrence; it may contribute to patient's restlessness and general discomfort	Explain techniques to encourage patient to void inability to void encourage patient to void before resorting to catheterization catheterize patient if ordered

Topic	Content Development	Applic
Significance of Post-Operative Discomforts and Complaints	Gas pains and abdominal distention may occur as a result of diminished food intake before surgery and for a day or two after surgery; anesthesia may also cause a temporary reduction of peristalsis	gas pains frequent positi sertion of rect dered by physic
	Many techniques for relief of postoperative discomforts require written orders by the physician Before beginning a procedure, check with team leader	
	Postoperative complications that may occur shock - state of acute prostration and circulatory collapse. May occur as a result of severe loss of body fluids or a shift of body fluid from one part of the body to another without actual fluid loss - check vital signs and appearance hemorrhage - blood loss is classified according to time it occurs after surgery, location (external or internal), and severity - check blood pressure and pulse; observe operative site lung complications - pulmonary; common among these are pneumonia, bronchitis, and lung collapse from bronchial obstruction (atelectasis) - observe respirations -- depth, ease, and number	List nursing care vention of postop

Content Development	Application
Gas pains and abdominal distention may occur as a result of diminished food intake before surgery and for a day or two after surgery; anesthesia may also cause a temporary reduction of peristalsis	gas pains frequent position changes; insertion of rectal tube when ordered by physician
Many techniques for relief of postoperative discomforts require written orders by the physician Before beginning a procedure, check with team leader	
Postoperative complications that may occur shock - state of acute prostration and circulatory collapse. May occur as a result of severe loss of body fluids or a shift of body fluid from one part of the body to another without actual fluid loss - check vital signs and appearance hemorrhage - blood loss is classified according to time it occurs after surgery, location (external or internal), and severity - check blood pressure and pulse; observe operative site lung complications - pulmonary; common among these are pneumonia, bronchitis, and lung collapse from bronchial obstruction (atelectasis) - observe respirations -- depth, ease, and number	List nursing care principles in prevention of postoperative complications

Topic	Content Development	Applica
Significance of Post-Operative Discomforts and Complaints	circulatory complications - blood clot in a vein with inflammation (thrombophlebitis) and a blood clot in a vein without inflammation(phlebothrombosis) - passive leg exercises and early ambulation can reduce these complications considerably.	
	gastro-intestinal complications - common among these is intestinal obstruction due to a paralysis of muscular walls of the stomach and small intestines - note if patient passes flatus, abdominal distention (tympanites)	
	wound complications - separation of wound edges with protrusion of abdominal contents (evisceration); wound infection - inspect dressings and reinforce when necessary	Prepare nursing c with postoperati
	urinary complications - inability to void for a length of time postoperativly (urinary retention), or inability of kidneys to excrete urine (urinary suppression) - observe and record postoperative voiding and intake	Report electroly
	skin complications - bedsores (decubitus ulcers) must be guarded against in all patients, but often skin care is neglected in postoperative patient in favor of other important nursing care measures	Practice recordi nursing care
	mouth complications - inflammation of salivary glands is to be guarded against since postoperatively, patients do not chew enough, and oral nourishment is often withheld for several days.	

Content Development	Application
circulatory complications - blood clot in a vein with inflammation (thrombophlebitis) and a blood clot in a vein without inflammation(phlebothrombosis) - passive leg exercises and early ambulation can reduce these complications considerably.	
gastro-intestinal complications - common among these is intestinal obstruction due to a paralysis of muscular walls of the stomach and small intestines - note if patient passes flatus, abdominal distention (tympanites)	
wound complications - separation of wound edges with protrusion of abdominal contents (evisceration); wound infection - inspect dressings and reinforce when necessary	Prepare nursing care plan for patient with postoperative complications
urinary complications - inability to void for a length of time postoperativly (urinary retention), or inability of kidneys to excrete urine (urinary suppression) - observe and record postoperative voiding and intake	Report electrolyte balance in body
skin complications - bedsores (decubitus ulcers) must be guarded against in all patients, but often skin care is neglected in postoperative patient in favor of other important nursing care measures	Practice recording all postoperative nursing care
mouth complications - inflammation of salivary glands is to be guarded against since postoperatively, patients do not chew enough, and oral nourishment is often withheld for several days.	

Administration of Selected Medications

INTRODUCTION

The teaching of the administration of selected medications is an integrated part of the unit on the "Care of the Patient of all Ages."

OBJECTIVES

1. To develop the skill and ability to
    - read the medication order or medicine card correctly
    - identify the drug and measure it accurately
    - identify the patient to whom she is giving the drug, with surety
    - administer the drug accurately
    - administer the drug as soon as it is poured
    - record the drug, dosage, and time administered promptly and accurately.
2. To develop an understanding of the therapeutic value and dosage of drugs prescribed by the physician in the care of specific illness.
3. To gain a knowledge and understanding of her legal and ethical responsibilities in giving medications and to be aware of her personal liability.
4. To recognize her limitations in the administration of medications.
5. To gain a knowledge and understanding of when, where, and from whom to seek assistance in giving medications.

RESPONSIBILITY FOR SUPERVISION OF ALL PHASES OF DRUG ADMINISTRATION DOES AND MUST REST WITH THE DOCTOR AND WITH THE REGISTERED PROFESSIONAL NURSE.

Some teaching suggesti
most effective are:

1. Use of a drug stud
the student report
ministered to pati
care she is respon
for unit developme
solutions on a pat
2. To alert the gener
    a. the limitation
    and responsibi
    tical nurse in
    medications
    b. the need for c
    of the practic
    registered pro
    this area
    c. the fact that
    sibility for t
    in this area r
    istered profes
    d. the role of the
    reporting unto
3. Constant oral and
review.

Administration of Selected Medications

the administration of selected medica-
ed part of the unit on the "Care of the
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drug and measure it accurately
patient to whom she is giving the drug,
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he drug as soon as it is poured
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sonal liability.

limitations in the administration of

dge and understanding of when, where, and
assistance in giving medications.

OR SUPERVISION OF ALL PHASES OF DRUG
ND MUST REST WITH THE DOCTOR AND WITH THE
AL NURSE.

Some teaching suggestions found to be most effective are:

1. Use of a drug study sheet on which the student reports drugs being administered to patients for whose care she is responsible as a basis for unit development in drugs and solutions on a patient-centered plan.

2. To alert the general staff to:

    a. the limitations of preparation and responsibility of the practical nurse in administration of medications
    b. the need for constant supervision of the practical nurse by the registered professional nurse in this area

    c. the fact that the ultimate responsibility for the practical nurse in this area rests with the registered professional nurse.

    d. the role of the practical nurse in reporting untoward symptoms.

3. Constant oral and written drill and review.

UNIT 7. ADMINISTRATION OF SELECTED MEDICATIONS

Topic	Content Development	Applica
Types of Official Drugs Preparations	Solid preparations for internal use extracts, powders, pills, capsules, tablets	Observe types of
	Solid preparations for external use: ointments, cerates, pastes, plasters, suppositories, collodion, liniments	Learn accepted ab B.I.D, Q.I.D., P
	Liquid preparations for internal use: fluid extracts, tinctures, spirits, elixirs, aromatic waters, solutions, syrups, infusions, emulsions, suspensions, mixtures, milks, vinegars, injections, ampules, vials	
	Liquid preparations for external use: lotions, sprays, glycerites.	Practice using ca for measuring l
Transmission and Execution of Medication Orders	Written orders order book doctor's order sheet Cardex file medication sheet	
	Safety rules with respect to receiving and executing medication orders. The order must be in writing.	
	Dangers of self-medication	
	Recording the administration of drugs	Observe hospital' istration of med location of me medication tic medication tra orders method of char

UNIT 7. ADMINISTRATION OF SELECTED MEDICATIONS

	Content Development	Application
ugs	Solid preparations for internal use extracts, powders, pills, capsules, tablets	Observe types of drug preparations.
	Solid preparations for external use: ointments, cerates, pastes, plasters, suppositories, collodion, liniments	Learn accepted abbreviations: B.I.D, Q.I.D., P.R.N., H.S.,etc.
	Liquid preparations for internal use: fluid extracts, tinctures, spirits, elixirs, aromatic waters, solutions, syrups, infusions, emulsions, suspensions, mixtures, milks, vinegars, injections, ampules, vials	
	Liquid preparations for external use: lotions, sprays, glycerites.	Practice using calibrated equipment for measuring liquids.
	Written orders order book doctor's order sheet Cardex file medication sheet	
	Safety rules with respect to receiving and executing medication orders. The order must be in writing.	
	Dangers of self-medication	
	Recording the administration of drugs	Observe hospital's routine in administration of medications location of medications medication tickets or cards medication trays or carts orders method of charting drugs

Topic	Content Development	Applica
Nursing Principles in Administration of Drugs	Accuracy in reading dose pouring dose administering to right patient administering medication at right time administering medication in right manner recording administered medication Responsibility of immediate reporting of errors Stay with patient until he has taken medicine - never leave drugs at bedside	Practice reading do pouring li preparing administer writing an ications safety pre how to ide is to re
Equipment for Parenteral Medications	Appropriate use of syringes and needles of different sizes Disposable equipment Sterilization of non-disposable equipment	Practice using an ments for hypode muscular treatme Observe in clinic hypodermic and administrati recording after-care of
Legal Aspects of Drug Administration	Legal responsibilities of nurse who prepares and administers drugs Legal responsibilities of hospital Limitations and responsibilities of the the practical nurse student and graduate	Study and comply policies conce responsibiliti

	Content Development	Application
in	Accuracy in reading dose pouring dose administering to right patient administering medication at right time administering medication in right manner recording administered medication Responsibility of immediate reporting of errors Stay with patient until he has taken medicine - never leave drugs at bedside	Practice reading dosages pouring liquid drugs preparing capsules and pills administering drugs to patients writing and recording medications and doses safety precautions how to identify patient who is to receive medication
	Appropriate use of syringes and needles of different sizes Disposable equipment Sterilization of non-disposable equipment	Practice using and handling instruments for hypodermic and intramuscular treatments Observe in clinical area hypodermic and intramuscular administration of drugs recording after-care of equipment
	Legal responsibilities of nurse who prepares and administers drugs Legal responsibilities of hospital Limitations and responsibilities of the the practical nurse student and graduate	Study and comply with hospital policies concerning legal responsibilities

Topic	Content Development	Applicat
Drug Classifications	*Definitions and functions: Antihistaminics Antispasmodics Analgesics Antipyretics Antibiotics Antacids Antiemetics Anticonvulsants Antimetabolites Anesthetics Bacteriostatics Cathartics Carminatives Chemotherapeutics Cough depressants Digestants Diuretics Detergents Expectorants Emetics Enzymes Fungicides Heart stimulants Hormones Hypnotics and sedatives Miotics Mydriatics Respiratory stimulants Respiratory depressants Tranquilizers Vasodilators Vasoconstrictors Vitamins	Define and state classifications Observe various e in current use in

*The teacher should make no attempt to go into a long list of specific drugs, but rather to familiarize the student with functions of the types of drugs used. However, a few commonly used drugs, such as digitalis, penicillin, aspirin, etc., should be mentioned. Specific drugs which the practical nurse would be expected to administer appear in Fundamentals of Practical Nursing II.

Content Development	Application
*Definitions and functions:	Define and state purpose of various classifications of drugs
Antihistaminics Antispasmodics Analgesics Antipyretics Antibiotics Antacids Antiemetics Anticonvulsants Antimetabolites Anesthetics Bacteriostatics Cathartics Carminatives Chemotherapeutics Cough depressants Digestants Diuretics Detergents Expectorants Emetics Enzymes Fungicides Heart stimulants Hormones Hypnotics and sedatives Miotics Mydriatics Respiratory stimulants Respiratory depressants Tranquilizers Vasodilators Vasoconstrictors Vitamins	Observe various examples of each in current use in clinical area

make no attempt to go into a long list of specific
familiarize the student with functions of the
However, a few commonly used drugs, such as
n, aspirin, etc., should be mentioned. Specific
tical nurse would be expected to administer
ls of Practical Nursing II.

UNIT 8. INTRODUCTION TO MEDICAL AND SURGICAL NURSING (CLINICAL EXPERIENCE)

Topic	Content Development	Applic
Development of Medicine and Surgery	Discoveries of medical science 17th century 18th century 19th century 20th century	Review of medica history
	Contributors to the advances of modern medicine	
	Goals in scientific investigation organ transplant oxygen therapy clotting of blood hormonal balance	Study newspaper discoveries to u scientific disco
Causes of Disease		Apply terms to h disease health transmission intermediary
	Microscopic organisms classification conditions caused	Learn hospital r following areas obstetrics, s medical, reco
		Review hand washing care of bedpa disposal of w

UNIT 8. INTRODUCTION TO MEDICAL AND SURGICAL NURSING (CLINICAL EXPERIENCE)

Content Development	Application
Discoveries of medical science 17th century 18th century 19th century 20th century	Review of medical-scientific history
Contributors to the advances of modern medicine	
Goals in scientific investigation organ transplant oxygen therapy clotting of blood hormonal balance	Study newspaper clippings of recent discoveries to update knowledge of scientific discoveries
	Apply terms to hospital situation disease health transmission intermediary host
Microscopic organisms classification conditions caused	Learn hospital rules for entering following areas obstetrics, surgical, isolation, medical, recovery room, nursery
	Review hand washing care of bedpans disposal of wastes

Topic	Content Development	Applicat
Causes of Disease	Malnutrition deficiency of food improper utilization of food by the body drug therapy - hematinics, vitamins, minerals	Review "basic fou Discuss food depr cultural patter socio-economic c Observe signs of
	Physical agents electricity exposure to heat and cold motion sickness - drug therapy (Invest, Dramamine) atomic radiation	
	Chemical agents method of exposure emergency aid for internal-external poisons	
	Congenital abnormalities identify problems effects of drug abuse - chromosome splitting observe patient and report to class	Report on drug ab adolescent
	German measles and its congenital defects	
	P.K.U. Test	Observe and read P.K.U. Test
Pre-Disposing Factors to Disease	normal aging process tumor growth emotional disturbance sensitivity reactions inadequate self-care	

Content Development	Application
Malnutrition deficiency of food improper utilization of food by the body drug therapy - hematinics, vitamins, minerals	Review "basic four" Discuss food deprivation due to cultural patterns socio-economic conditions Observe signs of malnutrition
Physical agents electricity exposure to heat and cold motion sickness - drug therapy (Invest, Dramamine) atomic radiation	
Chemical agents method of exposure emergency aid for internal-external poisons	
Congenital abnormalities identify problems effects of drug abuse - chromosome splitting observe patient and report to class	Report on drug abuse of pregnant adolescent
German measles and its congenital defects	
P.K.U. Test	Observe and read test results of P.K.U. Test
normal aging process	
tumor growth	
emotional disturbance	
sensitivity reactions	
inadequate self-care	

Topic	Content Development	Applic
Factors Influencing the Development of Disease and Disorders	Age infants and children have a higher incidence of communicable diseases, elderly people have a higher incidence of degenerative disease	List factors inf ment of disease.
	Sex reproductive organ diseases specific to one sex or the other	Observe selected hospital unit. Classify the dis assigned to you.
	Climate temperate zones - a higher incidence of tuberculosis and rheumatic fever tropical zones - a higher incidence of malaria, yellow fever, etc.	
	Sociologic factors crowded living conditions - a higher incidence of infections, communicable diseases, tuberculosis poor nutrition - malnutrition, rickets, scurvy, etc.	
	Occupation inhaling irritants, exposure to mercury, radioactive elements	Report on occupat factory workers,
Classification and Causes of Diseases and Disorders	Internal causes of disease heredity - hemophilia, color blindness, etc. congenital - harelip, cleft palate, deformities of body structures	

Content Development	Application
Age infants and children have a higher incidence of communicable diseases, elderly people have a higher incidence of degenerative disease	List factors influencing development of disease.
	Observe selected patients in a hospital unit.
Sex reproductive organ diseases specific to one sex or the other	Classify the diseases of patients assigned to you.
Climate temperate zones - a higher incidence of tuberculosis and rheumatic fever tropical zones - a higher incidence of malaria, yellow fever, etc.	
Sociologic factors crowded living conditions - a higher incidence of infections, communicable diseases, tuberculosis poor nutrition - malnutrition, rickets, scurvy, etc.	
Occupation inhaling irritants, exposure to mercury, radioactive elements	Report on occupational diseases of factory workers, athletes, etc.
Internal causes of disease heredity - hemophilia, color blindness, etc. congenital - harelip, cleft palate, deformities of body structures	

Topic	Content Development	Applica
Classification and Causes of Diseases and Disorders	metabolism - diabetes mellitus, thyroid disturbance, etc. neoplasms - benign and malignant tumors degenerative - arteriosclerosis, etc. allergies - food sensitivities, hay fever, etc.	
	External causes of disease infectious organisms - bacteria, viruses, fungi, parasites, yeasts, etc. trauma - fractures, concussions, abrasions, lacerations, perforations, etc. food deficiency - malnutrition, etc. oxygen deficiency poisons, radioactive substances, electricity, etc.	View charts on pa communicable dise
Body's Reactions to Disease and Disorders	Reaction to disease and disorders local inflammation - redness, heat, swelling, pain, and loss of function general inflammation - fever, increased pulse rate, headache and malaise atrophy - cell breakdown is faster than cell repair hypertrophy - faster cell division than is necessary gangrene and necrosis - rapid death of damaged tissue	Distinguish betw and general infla Observe selected their body react disorders appendicitis hyperthyroidi pneumonia skin burns Explain signific such disease con malnutrition cancer tuberculosis

Content Development	Application
metabolism - diabetes mellitus, thyroid disturbance, etc. neoplasms - benign and malignant tumors degenerative - arteriosclerosis, etc. allergies - food sensitivities, hay fever, etc.	
External causes of disease infectious organisms - bacteria, viruses, fungi, parasites, yeasts, etc. trauma - fractures, concussions, abrasions, lacerations, perforations, etc. food deficiency - malnutrition, etc. oxygen deficiency poisons, radioactive substances, electricity, etc.	View charts on parasitic organisms, communicable diseases
Reaction to disease and disorders local inflammation - redness, heat, swelling, pain, and loss of function general inflammation - fever, increased pulse rate, headache and malaise atrophy - cell breakdown is faster than cell repair hypertrophy - faster cell division than is necessary gangrene and necrosis - rapid death of damaged tissue	Distinguish between local inflammation and general inflammation Observe selected patients to study their body reactions to diseases and disorders appendicitis hyperthyroidism pneumonia skin burns Explain significance of atrophy in such disease conditions as malnutrition cancer tuberculosis

Topic	Content Development	Applic
Body's Defenses Against Disease and Disorders	Review "Introduction to Microbiology" white blood cells (leukocytes) antibodies	Analyze report of count (WBC) to de nificance in diag
	Immunizations - programs against various diseases	Report on immuniz ments for hospita (limiting visit only).
Treatment for Disease Conditions and Disorders	Drugs Diet Surgery Gas therapy - may be called inhalation therapy oxygen - when extra supplies are needed carbon dioxide - used to stimulate the respiratory center in brain anesthesia - when it is necessary that patient be asleep, as for surgical procedures	
	Radiation, cobalt, and x-ray therapy - used in treatment of many forms of cancer	Visit radiation a ment.
	Physiotherapy - rehabilitation of parts of body whose functions (physiology) have been impaired	Visit physiothera
	Psychotherapy - used when a physical illness may be directly or indirectly caused by an emotional disturbance	

Content Development	Application
Review "Introduction to Microbiology" white blood cells (leukocytes) antibodies	Analyze report of white blood count (WBC) to determine significance in diagnosis.
Immunizations - programs against various diseases	Report on immunization requirements for hospital employees (limiting visitors to adults only).
Drugs Diet Surgery Gas therapy - may be called inhalation therapy oxygen - when extra supplies are needed carbon dioxide - used to stimulate the respiratory center in brain anesthesia - when it is necessary that patient be asleep, as for surgical procedures	
Radiation, cobalt, and x-ray therapy - used in treatment of many forms of cancer	Visit radiation and x-ray department.
Physiotherapy - rehabilitation of parts of body whose functions (physiology) have been impaired	Visit physiotherapy department.
Psychotherapy - used when a physical illness may be directly or indirectly caused by an emotional disturbance	

Topic	Content Development	Applicat
How Spread of Communicable Diseases and Infections Is Controlled	Medical asepsis isolation and quarantine precautions concurrent disinfection terminal disinfection	Review and practic handwashing gown technique use of disposab care of excret Assist with care c is on isolation pr
	Surgical asepsis Sterilization methods boiling water sterilizers steam sterilizers (autoclaves) dry heat sterilizers (ultra-violet lamps) chemical sterilization	Practice techniques of s handling operation of w sterile glove t sterilization ware, rubber struments by wrapping linen Observe technique in cleaning and equipment on su cart and/or tr Plan sterilizatio may be improvised equipment for b use of oven fo ironing linens liness Visit Central Supp observe variety observe autocl ilizers, ultra- sterilization c Visit operating th

Content Development	Application
Medical asepsis isolation and quarantine precautions concurrent disinfection terminal disinfection	Review and practice handwashing gown technique use of disposable equipment care of excreta and equipment
	Assist with care of a patient who is on isolation precautions
Surgical asepsis Sterilization methods boiling water sterilizers steam sterilizers (autoclaves) dry heat sterilizers (ultra-violet lamps) chemical sterilization	Practice techniques of sterile forceps handling operation of water sterilizer sterile glove technique sterilization of selected glassware, rubber goods, and instruments by boiling water method wrapping linens for sterile packs
	Observe techniques and assist in cleaning and sterilization of equipment on surgical dressing cart and/or trays
	Plan sterilization techniques that may be improvised for home use equipment for boiling use of oven for dry heat ironing linens to achieve cleanliness
	Visit Central Supply Department observe variety of sterile packs observe autoclaves, water sterilizers, ultra-violet lamps, dry sterilization cabinets, etc.
	Visit operating theaters

Topic	Content Development	Applic
Diagnosis of Disease	medical history signs and symptoms physical examination special diagnostic procedures laboratory examination of urine blood sputum cerebrospinal fluid feces tissue biopsy gastro-intestinal contents mucous smears from nose, throat, vagina, etc.	Assist with exam volving the foll aids and instrum ophthalmoscop otoscope audiometer electrocardic electroenceph gastroscope - bronchoscope fluoroscope cystoscope proctoscope - basal metabol tubes for int naso-gastr Miller-Abb x-rays Read laboratory
Diversional Treatment for Disease Conditions and Disorders	Occupational therapy - provides recreational activities for patients	Visit and observ Therapy Departme
Hospital Relationships	Nurse - patient	Role-play
Patient's Reaction to Illness Affected by His Immediate Reaction to the Hospital	physical care of patient individual patterns of behavior nurse accepts patient as he really is. Includes work with family.	Interpret rul to patient an

	Content Development	Application
	medical history signs and symptoms physical examination special diagnostic procedures laboratory examination of urine blood sputum cerebrospinal fluid feces tissue biopsy gastro-intestinal contents mucous smears from nose, throat, vagina, etc.	Assist with examination involving the following diagnostic aids and instruments ophthalmoscope otoscope audiometer electrocardiograph electroencephalograph gastroscope - esophagoscope bronchoscope - bronchogram fluoroscope cystoscope proctoscope - sigmoidoscope basal metabolism tubes for intubation naso-gastric tube Miller-Abbott tube x-rays Read laboratory reports
	Occupational therapy - provides recreational activities for patients	Visit and observe an Occupational Therapy Department
ips d	Nurse - patient physical care of patient individual patterns of behavior nurse accepts patient as he really is. Includes work with family.	Role-play Interpret rules of hospital to patient and family

Topic	Content Development	Applica
Duration and Degrees of Illness	Acute illness: Usually of short duration: one to six weeks Patients with acute illnesses frequently require close and exacting medical and nursing care.	Observe selected patients with acu pneumonia, influe etc.
	Often these patients are unable to help themselves in routine activities, such as eating, bathing, using toilet facilities, etc. An acute illness may terminate in complete recovery, chronicity, or death. Onset of an acute disease is rapid.	Analyze differenc nursing care plan with acute diseas with nursing care with chronic illn
	Chronic illness: Duration is variable - from six weeks to many years	Observe selected with chronic illn arthritis, etc.
	A chronic illness may result in a permanent handicap to patient such as locomotion difficulties, visual or hearing difficulties, or in limitations to his normal activities.	Explain effects illness on patie emphasis on foll physiological emotional socio-economi public health
Diagnosis of Disease	Diagnosis - art of recognizing a disease Physician is responsible for conducting all examinations, and making requests for assistance.	Observe examinati in clinical area.
	Nurse assists physician by carrying out his orders and requests for assistance. Diagnosis of the patient's illness is made by means of various laboratory tests.	Observe physicia taking an ele passing a nas examining eye patient

Content Development	Application
Acute illness: Usually of short duration:one to six weeks Patients with acute illnesses frequently require close and exacting medical and nursing care. Often these patients are unable to help themselves in routine activities, such as eating, bathing, using toilet facilities, etc. An acute illness may terminate in complete recovery, chronicity, or death. Onset of an acute disease is rapid.	Observe selected group of patients with acute illness - pneumonia, influenza, meningitis, etc. Analyze differences in kind of nursing care plans for patients with acute diseases and compare with nursing care plans for patients with chronic illnesses.
Chronic illness: Duration is variable - from six weeks to many years A chronic illness may result in a permanent handicap to patient such as locomotion difficulties, visual or hearing difficulties, or in limitations to his normal activities.	Observe selected group of patients with chronic illness - diabetes, arthritis, etc. Explain effects of acute and chronic illness on patients, with particular emphasis on following aspects: physiological emotional socio-economic public health
Diagnosis - art of recognizing a disease Physician is responsible for conducting all examinations, and making requests for assistance. Nurse assists physician by carrying out his orders and requests for assistance. Diagnosis of the patient's illness is made by means of various laboratory tests.	Observe examination of a patient in clinical area. Observe physician or technician taking an electrocardiogram passing a naso-gastric tube examining eyes and ears of a patient

Topic	Content Development	Applic
Patient's Reaction to Illness Affected by His Immediate Reaction to the Hospital	Nurse - child child - special problems and needs hospital experience is traumatic age of child affects approach to him assistance of parents in nursing care	Interpret student relation to pati adolescent, adul patient's family
	Medical - surgical patient difference between medical and surgical patient approach to hospitalization care of surgical patient care of medical patient terminal illness - religious needs of patient the practical nurse contributes to the "health team"	
	Psychiatric patient - or patient in a stress situation acceptance of patient recognition of symptoms safety of patient,other personnel chart exact statements cf patient; learn to listen! relationship to family	Role-play Patient in str example: at despondent,
	Mother - child relationship parental guilt for abandonment of child child's fear of being abandoned parent's place on pediatric service	

Content Development	Application
Nurse - child child - special problems and needs hospital experience is traumatic age of child affects approach to him assistance of parents in nursing care	Interpret student-nurse's role in relation to patient - child, adolescent, adult, clergy, patient's family and friends.
Medical - surgical patient difference between medical and surgical patient approach to hospitalization care of surgical patient care of medical patient terminal illness - religious needs of patient the practical nurse contributes to the "health team"	
Psychiatric patient - or patient in a stress situation acceptance of patient recognition of symptoms safety of patient, other personnel chart exact statements of patient; learn to listen! relationship to family	Role-play Patient in stress situations; example: attempted suicide, despondent, hyperactive, etc.
Mother - child relationship parental guilt for abandonment of child child's fear of being abandoned parent's place on pediatric service	

Topic	Content Development	Applic
Nursing Care Plan	Adequacy of plan understanding of patient nurse identifies and understands the needs of her patients use of all her skills and knowledge to assist patient toward physical, emotional, and social health education for post-hospital adjustment management of daily living helping patient adjust to self-care "patient teaching" medications - rules for administration of drugs by self or family by mouth by hypodermic - insulin diet care of prostheses	Prepare a 24-hour plan for a two-d appendectomy pati Study selected nu Describe a "well- Practice teaching minister insulin
How the Body Reacts to and Combats Disease	Factors influencing pathogenicity	Review why invadi survive and cause
	Defenses against bacterial invasion external internal inflammation	
	Observe patients with inflammatory conditions and assist with care	Recognition of si significance o

Content Development	Application
Adequacy of plan understanding of patient nurse identifies and understands the needs of her patients use of all her skills and knowledge to assist patient toward physical, emotional, and social health education for post-hospital adjustment management of daily living helping patient adjust to self-care "patient teaching" medications - rules for administration of drugs by self or family by mouth by hypodermic - insulin diet care of prostheses	Prepare a 24-hour nursing care plan for a two-day postoperative appendectomy patient. Study selected nursing care plans. Describe a "well-nursed" patient. Practice teaching patient to administer insulin subcutaneously.
Factors influencing pathogenicity	Review why invading pathogens survive and cause disease.
Defenses against bacterial invasion external internal inflammation	Recognition of signs significance of each
Observe patients with inflammatory conditions and assist with care	

Topic	Content Development	Applica
How the Body Reacts to and Combats Disease	light ultraviolet (sunlight):safety - time and use of light goggles mechanical boiling autoclaving - dangers and precautions	Prepare steriliza include: method used organism to be time factor temperature effectiveness
		Practice packagin Visit central sup hospital
Staphylococcal Infections	Characteristics of infection disease-producing strains resistant strains susceptibility disease drugs age	
	Carriers diagnosis - use of nose and throat cultures	
	Treatment varies with location and extent of infection	
	Nursing care and prevention intimately related aseptic technique infection hazard	Review isolation t Observe isolation nursery use of disposab special houseke

Content Development	Application
light ultraviolet (sunlight): safety - time and use of light goggles mechanical boiling autoclaving - dangers and precautions	Prepare sterilization chart - include: method used organism to be destroyed time factor temperature effectiveness Practice packaging supplies Visit central supply service in hospital
Characteristics of infection disease-producing strains resistant strains susceptibility disease drugs age	
Carriers diagnosis - use of nose and throat cultures	
Treatment varies with location and extent of infection	
Nursing care and prevention intimately related aseptic technique infection hazard	Review isolation technique Observe isolation units - newborn nursery use of disposable materials special housekeeping routines

Topic	Content Development	Applicat
How the Body Reacts to and Combats Disease	infection classification signs and symptoms immunity - natural, acquired serum sickness allergy drug therapy - acetylsalicylic acid chemotherapy, sulfonamides, antibiotics	
Asepsis	Definition of terms medical asepsis surgical asepsis Nurse's responsibility for asepsis	Differentiate medi asepsis in hospit
Sterilization	Determination of type of sterilization; organism to be destroyed and time factor chemical emollient detergent disinfectant and antiseptic liquids Zephiran Chloride alcohol 70% iodine silver nitrate (AgNo3-1%) boric acid - 2% phisohex phisoderm gas - effective against vegetative bacteria, fungus, spore-bearing bacteria, virus ethylene oxide formaldehyde	Prepare chart of and antiseptics us indicate strength of time of effec temperature materials to Practice: ratio and prop the product of to the product formula meth strength strength solution soluble

Content Development	Application
infection classification signs and symptoms immunity - natural, acquired serum sickness allergy drug therapy - acetylsalicylic acid chemotherapy, sulfonamides, antibiotics	
Definition of terms medical asepsis surgical asepsis Nurse's responsibility for asepsis	Differentiate medical and surgical asepsis in hospital areas
Determination of type of sterilization: organism to be destroyed and time factor chemical emollient detergent disinfectant and antiseptic liquids Zephiran Chloride alcohol 70% iodine silver nitrate (AgNo3-1%) boric acid - 2% phisohex phisoderm	Prepare chart of disinfectants and antiseptics used in hospital indicate strength of solution time of effectiveness temperature materials to be disinfected Practice: ratio and proportion - the product of the means is = to the product of the extremes formula method: strength desired X quantity strength on hand of solution = quantity, type of soluble
gas - effective against vegetative bacteria, fungus, spore-bearing bacteria, virus ethylene oxide formaldehyde	

Topic	Content Development	Applic
Pre-Operative and Post-Operative Patient Care	Admission of patient hospital routines ward routines	Observe and part mission of pat
	Pre-operative orders - vary according to patient needs diet management enema skin preparation exercise:turning in bed sedation and medication as ordered intake and output recorded special tests	Review and pract volved bath prep of operat observe and a
	Operative day personal hygiene	complete bath
	vital signs	blood pressur temperature pulse respiration
	pre-op medication transportation to operating room	preparation o
	Anesthesia purpose	
	place where anesthesia done	
	types of anesthesia - equipment necessary inhalation I.V. rectal spinal analgesic blocks tranquilizers prolonged hypothermia	Record drugs use name of drug amount purpose length of tim dangers

Content Development	Application
Admission of patient	Observe and participate in admission of patient
hospital routines	
ward routines	
Pre-operative orders - vary according to patient needs	Review and practice procedures involved
diet management	bath
enema	prep of operative area
skin preparation	observe and assist with procedures
exercise:turning in bed	
sedation and medication as ordered	
intake and output recorded	
special tests	
Operative day	
personal hygiene	complete bath
vital signs	blood pressure
	temperature
	pulse
	respiration
pre-op medication	
transportation to operating room	preparation of stretcher safety
Anesthesia	
purpose	
place where anesthesia done	
types of anesthesia - equipment necessary	Record drugs used
inhalation	name of drug
I.V.	amount
rectal	purpose
spinal	length of time for effectiveness
analgesic blocks	dangers
tranquilizers	
prolonged hypothermia	

Topic	Content Development	Applica
Pre-Operative and Post-Operative Patient Care	Recovery room	
	routines	
	personnel	
	emergency equipment and instruments used	
	airway	
	sphygmomanometer	
	return to patient's room	
	Post-operative care	Review procedures
	purpose	observe and as
	comfort and safety measures	operative car
	turning	
	coughing and deep breathing	
	voiding - intake and output	
	bowel function	
	exercise	
	diet management - measure intake	Observe and pract
	tubes	safety of patient
	dressings	venous feeding (c
	ambulation	and technique of
	Post-operative complaints	
	pain - Demerol	
	nausea and vomiting - gastric-tube and suction - Levine	
	retention of urine - catheterization	
	abdominal distention - rectal tube, low enema - Pitressin	Observe report an

Content Development	Application
Recovery room routines personnel emergency equipment and instruments used airway sphygmomanometer return to patient's room	
Post-operative care purpose comfort and safety measures turning coughing and deep breathing voiding - intake and output bowel function exercise	Review procedures observe and assist in post-operative care
diet management - measure intake tubes dressings ambulation	Observe and practice care and safety of patient receiving intravenous feeding (care of equipment and technique of disposal)
Post-operative complaints pain - Demerol nausea and vomiting - gastric-tube and suction - Levine retention of urine - catheterization abdominal distention - rectal tube, low enema - Pitressin	Observe report and chart symptoms

Topic	Content Development	Applica
Pre-Operative and Post-Operative Patient Care	Post-operative complications hemorrhage: symptoms respiratory conditions - emergency care thrombosis embolism wound infection evisceration	Role-play - carin post-operative co symptoms to no emergency care routine care
	Intensive care unit - I.C.U.	Observe emergency able in I.C.U.
Nursing the Patient With Cancer	Research objectives are: cure - prevention need for sound medical research by recognized authorities	
	Prevention and control legislation clinics - public, private literature	
	Cancer sites according to sex chemical irritation	Prepare reports c
	Classification of tumors benign malignant	Differentiating b papilloma adenoma lipoma osteoma myoma nevus
	Symptoms "7 danger signals"	

Content Development	Application
Post-operative complications hemorrhage: symptoms respiratory conditions - emergency care thrombosis embolism wound infection evisceration	Role-play - caring for patients with post-operative complications symptoms to note emergency care and routine care
Intensive care unit - I.C.U.	Observe emergency equipment available in I.C.U.
Research objectives are: cure - prevention need for sound medical research by recognized authorities	
Prevention and control legislation clinics - public, private literature	
Cancer sites according to sex chemical irritation	Prepare reports on cancer sites
Classification of tumors benign malignant	Differentiating between these: papilloma adenoma lipoma osteoma myoma nevus
Symptoms "7 danger signals"	

Topic	Content Development	Applica
Nursing the Patient with Cancer	Diagnostic tests and procedures	Take patient for
	Papanicolaou test	Assist with proce
	Properdin test	
	hormone tests	
	phosphatase tests	
	breast: self-examination	
	biopsy (prep. of patient)	
	proctoscope and sigmoidoscope	
	G.I. series	
	Therapy	
	radiation	Practice nursing
	x-ray	handling of nause
	radium and radon	
	radioactive isotopes: cobalt, gold, iodine, phosphorus	
	Chemotherapy - ex.: nitrogen mustard	
	purpose	Practice nursing
	effectiveness	feeding, etc.
	toxicity	
	Emotional support of patient and family	
	Complications and emergencies	Review symptoms c
	skin care	
	hemorrhage	Practice nursing
	dehydration (intake-output)	of emergency
	pain	
	hygiene: control of odors	
	Rehabilitation	
	responsibility for personal care	
	speech therapy	
	prosthesis - eye, limb, breast	Role-play: assist
	retraining for employment and daily living	thesis observe proper daily care

Content Development	Application
Diagnostic tests and procedures Papanicolaou test Properdin test hormone tests phosphatase tests breast: self-examination biopsy (prep. of patient) proctoscope and sigmoidoscope G.I. series	Take patient for testing Assist with procedures
Therapy radiation x-ray radium and radon radioactive isotopes: cobalt, gold, iodine, phosphorus	Practice nursing care of patients; handling of nausea, etc.
Chemotherapy - ex.: nitrogen mustard purpose effectiveness toxicity	Practice nursing care - mouth care, feeding, etc.
Emotional support of patient and family	
Complications and emergencies skin care hemorrhage dehydration (intake-output) pain hygiene: control of odors	Review symptoms of complications Practice nursing procedures in case of emergency
Rehabilitation responsibility for personal care speech therapy prosthesis - eye, limb, breast retraining for employment and daily living	Role-play: assist patient with prosthesis observe proper fit, insertion, and daily care

Topic	Content Development	Applica
Nursing the Patient with Long-Term Illness	Long term illness may be chronic convalescent, degenerative terminal controllable:chronic rheumatic heart disease, allergies, diabetes, tuberculosis non-controllable ; cancer, nephritis, mental illness, arteriosclerosis degenerative ; cardio-vascular disorders	
	Effect on family of long-term illness, cultural and socio-economic influence	Investigate home- extension of hosp
	Special nursing care problems for patient in prolonged bed rest physical activity personal hygiene incontinence diet management dressings injections; eg., vitamin B-12 and liver insulin narcotics	Practice nursing use of CircOle care of decubit care of indwel feeding patien accident assisting with
	Rehabilitation objectives maximum capacity for living motivate independence and self-care	
Nursing Geriatric Patient	Population change	
	Socio-economic and cultural factors	

Content Development	Application
Long term illness may be chronic convalescent, degenerative terminal controllable: chronic rheumatic heart disease, allergies, diabetes, tuberculosis non-controllable : cancer, nephritis, mental illness, arteriosclerosis degenerative : cardio-vascular disorders	
Effect on family of long-term illness, cultural and socio-economic influence	Investigate home-care program: extension of hospital in home
Special nursing care problems for patient in prolonged bed rest physical activity personal hygiene incontinence diet management dressings injections; eg., vitamin B-12 and liver insulin narcotics	Practice nursing care procedures use of CircOlectric bed care of decubitus ulcer care of indwelling catheter feeding patient with cerebral accident assisting with dressings
Rehabilitation objectives maximum capacity for living motivate independence and self-care	
Population change	
Socio-economic and cultural factors	

Topic	Content Development	Applica
Nursing Geriatric Patient	Normal aging process	
	physical	Practice safeguar
	psychological	use of bedrail
	signs of senescence	extra blankets
	fears of illness	assisting with
	helplessness	
	Health problems	
	personal hygiene	
	elimination	
	diet	
	infection	
	correction of disability by use of	
	eyeglasses	
	dentures	
	hearing aid	
	Common disorders	
	female prolapse	
	male - enlarged prostate	
	osteoporosis	
	dietary deficiencies	
	Special aspects of nursing	
	vital signs	
	sedation, medication	
	tranquilizers	
	intake and output	
	ambulation	

Content Development	Application
Normal aging process	
physical	Practice safeguarding patient by
psychological	use of bedrails
signs of senescence	extra blankets
fears of illness	assisting with his care
helplessness	
Health problems	
personal hygiene	
elimination	
diet	
infection	
correction of disability by use of	
eyeglasses	
dentures	
hearing aid	
Common disorders	
female prolapse	
male - enlarged prostate	
osteoporosis	
dietary deficiencies	
Special aspects of nursing	
vital signs	
sedation, medication	
tranquilizers	
intake and output	
ambulation	

Topic	Content Development	Applic
Rehabilitation in Nursing	Objectives to restore the individual and his functions to their potential capacity	
	Rehabilitation team: a group of experts in various areas of restorative care	Visit - physical occupati speech t orthoped social w
	Rehabilitation facilities hospitals private government clinics institutes schools	Visit school for for
	Practical nurse's role in rehabilitation good nursing teaching the patient self-care activities teaching the family to assist with and adjust to patient care	

Content Development	Application
Objectives to restore the individual and his functions to their potential capacity	
Rehabilitation team: a group of experts in various areas of restorative care	Visit - physical therapist occupational therapist speech therapist orthopedist social worker
Rehabilitation facilities hospitals private government clinics institutes schools	Visit school for deaf, non-sighted, for atypical child
Practical nurse's role in rehabilitation good nursing teaching the patient self-care activities teaching the family to assist with and adjust to patient care	

Topic	Content Development	Applicat
Rehabilitation in Nursing	Prosthesis	Assist with measur cation of prost
	Braces	Teach use, cleanli of braces
	Crutches	Teach use, repair, placement of cr

Content Development	Application
Prosthesis	Assist with measuring and application of prosthesis
Braces	Teach use, cleanliness, and repair of braces
Crutches	Teach use, repair, and replacement of crutches

UNIT 9. FIRST AID AND DISASTER NURSING

Topic	Content Development	Applic
Role of Practical Nurse as a First Aider	Introduction to first aid Definition - first aid is the immediate and temporary care given victim of accident or sudden illness until services of physician can be obtained.	
	General directions; sequence of action positioning checking for injuries planning first aid procedures	
Development of Skills to Meet Common Emergencies	Common emergencies - standard first aid skills	
	Wounds	Review of bandag
	Types: abrasion incision laceration puncture Special: infected gunshot animal bites stings	Practice: care of wound is not sever care of wound is severe -
	Shock: definition causes symptoms skills	Practice positic
	Cessation of breathing conditions requiring artificial respiration, demonstrate	Practice of mout tation
		View other devic artificial re

UNIT 9. FIRST AID AND DISASTER NURSING

Content Development	Application
Introduction to first aid Definition - first aid is the immediate and temporary care given victim of accident or sudden illness until services of physician can be obtained.	
General directions; sequence of action positioning checking for injuries planning first aid procedures	
Common emergencies - standard first aid skills	
Wounds	Review of bandaging
Types: abrasion incision laceration puncture Special: infected gunshot animal bites stings	Practice: care of wounds in which bleeding is not severe - apply dressings care of wounds in which bleeding is severe - control of hemorrhage
Shock: definition causes symptoms skills	Practice positioning victim in shock
Cessation of breathing conditions requiring artificial respiration, demonstrate	Practice of mouth-to-mouth resuscitation View other devices for administering artificial respiration

Topic	Content Development	Applica
Development of Skills to Meet Common Emergencies	Poisoning causes symptoms first aid measures	
	Injuries to bone, joints, and muscles - demonstrate immobilization methods fractures: cause, symptoms, first aid sprains: cause, symptoms, first aid measures dislocations: cause, symptoms, first aid measures	Practice immobili body using roller bandage triangular ban splints casts, etc.
Role of Practical Nurse as a First Aider	Effects of heat and cold types of burns thermal - first degree second degree third degree chemical heat stroke contrasted with heat exhaustion types of cold frostbite and prolonged exposure	
	Common emergencies - use of emergency oxygen and inhalant - aromatic spirits of ammonia heart attack - emergency oxygen unconsciousness and simple fainting epilepsy foreign body in the eye	

	Content Development	Application
s		
	Poisoning causes symptoms first aid measures	
	Injuries to bone, joints, and muscles - demonstrate immobilization methods fractures: cause, symptoms, first aid sprains: cause, symptoms, first aid measures dislocations: cause, symptoms, first aid measures	Practice immobilizing parts of body using roller bandage triangular bandage splints casts, etc.
rse	Effects of heat and cold types of burns thermal - first degree second degree third degree chemical heat stroke contrasted with heat exhaustion types of cold frostbite and prolonged exposure	
	Common emergencies - use of emergency oxygen and inhalant - aromatic spirits of ammonia heart attack - emergency oxygen unconsciousness and simple fainting epilepsy foreign body in the eye	

Topic	Content Development	Applica
Role of Practical Nurse in Disasters	Principles In disaster nursing most of the procedures are done under the direction of medical personnel-physicians, professional nurses, etc. Under certain conditions you may find it necessary to use this knowledge on your own initiative until victim can be brought under professional medical care or other responsible agency. An	
	example of this type of emergency is: gas explosion in residential area resulting in following injuries and emergency situations: shattered glass windows causing multiple lacerations resulting in hemorrhage	Role-play Fire emergency Fire emergency
	flying debris causing fractures and shock	
	small fires causing burns shock smoke inhalation (asphyxiation) requiring artificial respiration	
	emergency birth	
	Organization of emergency care: delegate duties notify police department fire department	
	call ambulance hospital gas company	Plan direct perfo first aid measure described; include
	establish priority of treatment	

Content Development	Application
Principles In disaster nursing most of the procedures are done under the direction of medical personnel-physicians, professional nurses, etc. Under certain conditions you may find it necessary to use this knowledge on your own initiative until victim can be brought under professional medical care or other responsible agency. An example of this type of emergency is: gas explosion in residential area resulting in following injuries and emergency situations: shattered glass windows causing multiple lacerations resulting in hemorrhage flying debris causing fractures and shock small fires causing burns shock smoke inhalation (asphyxiation) requiring artificial respiration emergency birth	Role-play Fire emergency in school Fire emergency in hospital
Organization of emergency care: delegate duties notify police department fire department call ambulance hospital gas company establish priority of treatment	Plan direct performance of specific first aid measures for injuries described; include emergency delivery.

Topic	Content Development	Applicat
Role of Practical Nurse in Disasters	Transportation - planning for transportation preparation for transportation demonstrate methods of transfer	Practice methods c lifting victim or more assist
	Introduction to Disaster Nursing Definition - emergency care for large numbers of injured persons under unfamiliar, makeshift conditions.	
	Types of disasters: earthquake hurricane fire gas explosion flood bombing vehicle Organization of activities Triage plan whereby casualties are divided into groups in order to provide best possible care to greatest numbers. Order of care hemmorrhaging respiratory distress compound fractures and lacerations burns - less than 40% Psychological reactions to disaster varying degrees of fear anxiety emotional shock	Review procedures sustained in thes

Content Development	Application
Transportation - planning for transportation preparation for transportation demonstrate methods of transfer	Practice methods of transfer- lifting victim with three or more assistants
Introduction to Disaster Nursing Definition - emergency care for large numbers of injured persons under unfamiliar, makeshift conditions.	
Types of disasters: earthquake hurricane fire gas explosion flood bombing vehicle	Review procedures for injuries sustained in these disasters
Organization of activities Triage plan whereby casualties are divided into groups in order to provide best possible care to greatest numbers. Order of care hemmorrhaging respiratory distress compound fractures and lacerations burns - less than 40% Psychological reactions to disaster varying degrees of fear anxiety emotional shock	

Topic	Content Development	Applica
Civil Defense	Provisions in case of nuclear attack: emergency needs shelter food and water supply waste disposal emergency medical services in disaster civil defense and medical defense improvised emergency hospital; personnel first aid station transportation obtaining supplies improvising equipment patient identification - records provisions in radiation sickness role of practical nurse as member of disaster team value of fire drill evacuation drill	

Content Development	Application
Provisions in case of nuclear attack: emergency needs shelter food and water supply waste disposal emergency medical services in disaster civil defense and medical defense improvised emergency hospital; personnel first aid station transportation obtaining supplies improvising equipment patient identification - records provisions in radiation sickness role of practical nurse as member of disaster team value of fire drill evacuation drill	

Body Structure and Function

INTRODUCTION

This course is designed to give the student a general understanding of how the body is constructed and how it functions. The emphasis should be on phases which will be meaningful and useful to the student. In addition, the student should build a working vocabulary. Instruction should include laboratory work where applicable. Patient-oriented situations should be presented in the development of the material.

OBJECTIVES

To gain basic knowledge and und
normal body structure and fu
foundation for basic princi
tical nursing.

To develop a basic knowledge a
of medical terminology and

To apply knowledge of normal b
the understanding of abnorm
function.

To understand how to maintain
in order to be effective as

Body Structure and Function

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t functions. The emphasis
s which will be meaningful and
ent. In addition, the student
king vocabulary. Instruction
oratory work where applicable.
ituations should be presented
of the material.

OBJECTIVES

To gain basic knowledge and understanding of normal body structure and function as a foundation for basic principles of practical nursing.

To develop a basic knowledge and understanding of medical terminology and nomenclature.

To apply knowledge of normal body function to the understanding of abnormality in body function.

To understand how to maintain personal health in order to be effective as a nurse.

UNIT 1. BODY AS AN INTEGRATED WHOLE

Structure	Function	Re
Anatomy: the study of the parts or structure of the body.	Physiology: the study of the function of each part of the body, and its relationship to other parts of the body.	The nee fic te sential versal cause meaning
Cells: smallest unit of living matter.	Cells are highly specialized to perform specific functions.	Metaboli within
Typical cell: protoplasm; membranes; nucleus; DNA (desoxyribonucleic acid); RNA (ribonucleic acid); chromosomes; genes.	Membrane of cell has ability to permit entry and exit of special elements.	Explain Microsc Draw an
Tissues: composed of a group of cells which are similar in function and structure.	Tissues contain a great deal of water. Gases, liquids, and solids dissolve in this water.	Insuffi results
epithelial tissue	Epithelial tissue protects, absorbs, secretes, and filters.	Excessi in ede
muscle tissue skeletal visceral cardiac	Muscles control voluntary and involuntary movements.	Disorde result and co
connective tissue	Connective tissue supports, binds, connects, protects, and repairs.	
nerve tissue	Nerve tissue provides pathways for stimuli and responses of muscle tissue.	Injury result muscle
Membranes: simple combinations of tissues mucous membrane serous membrane skeletal membrane-periosteum connective tissue membrane	Membranes line cavities and support organs.	Diagrams Microsc Common common periton meningi arthrit

	Function	Vocabulary; Related Information
f the parts e body.	Physiology: the study of the function of each part of the body, and its relationship to other parts of the body.	The need to learn scientific terminology is essential because it is a universal language, and because it is descriptive and meaningful
of living	Cells are highly specialized to perform specific functions.	Metabolism: chemical actions within the cells
lasm; mem- NA (desoxy- RNA (ribo- omosomes;	Membrane of cell has ability to permit entry and exit of special elements.	Explain osmosis and diffusion Microscopic view of cell Draw and label a typical cell
a group of nilar in ture.	Tissues contain a great deal of water. Gases, liquids, and solids dissolve in this water.	Insufficient tissue fluid results in dehydration
	Epithelial tissue protects, absorbs, secretes, and filters.	Excessive tissue fluid results in edema.
	Muscles control voluntary and involuntary movements.	Disorders of muscle tissue result in spasm, twitches, and convulsions
	Connective tissue supports, binds, connects, protects, and repairs.	
	Nerve tissue provides pathways for stimuli and responses of muscle tissue.	Injury of nerve tissue might result in paralysis of muscle tissue
binations	Membranes line cavities and support organs.	Diagrams of types of tissues Microscopic slides Common inflammations of membranes
-periosteum membrane		common cold peritonitis meningitis arthritis

Structure	Function	Rel
Organs-composed of two or more tissues	Organs perform specific functions of the body.	Identificatio tems, and c torso, tran
Systems-composed of a group of organs.	Each organ contributes to the function of the whole system.	
Cavities-the systems of the body are contained in spaces called body cavities.		
Some organs found in cavities are:		
Cranial - brain		
Chest - heart, lungs, and great blood vessels		Chest cavity cavity.
Abdominal - alimentary (system), liver, pancreas, gall bladder	Abdominal cavity is separated from chest cavity by the diaphragm.	
Pelvic - organs of reproduction, urinary bladder, and rectum		

	Function	Vocabulary; Related Information
o or more	Organs perform specific functions of the body.	Identification of organs, systems, and cavities - use torso, transparencies, etc.
group of	Each organ contributes to the function of the whole system.	
of the in spaces s.		
cavities		
lungs, and ssels		Chest cavity is called thoracic cavity.
entary , pancreas,	Abdominal cavity is separated from chest cavity by the diaphragm.	
of reproduc- bladder, and		

UNIT 2. BODY ERECT AND IN MOTION

Structure	Function	Voca
SKELETAL SYSTEM bones, cartilage, ligaments, and tendons	Provides a frame for the body Protects delicate internal organs	Bone........ Bone marrow. Cartilage... Joints......
Classification of bones long bones - humerus, femur short bones - phalanges flat bones - frontal costae irregular bones - vertebrae, tarsus	Serves as levers to which muscles are attached Manufactures blood cells in the bone marrow Stores calcium	Bone marrow to determine blood di Inflammation Osteomyelitis and bone m
Development of bone - classification membrane - fontanels cartilage - epiphysis and diaphysis bone - mineral salts, calcium, and phosphorus		
Skull frontal - frontal sinuses parietals temporals - mastoid cells occipital	Protective case for brain frontal, temporal, and upper jaw bones contain air spaces - sinuses sinuses help to reduce the weight of the skull and give resonance to the voice occipital bone contains a large opening - foramen magnum - through which the spinal cord descends	Mastoiditis mastoid Sinusitis - sinuses

	Function	Vocabulary; Activities; Applications
ligaments,	Provides a frame for the body	Bone..........osteo,-osseo-, osseous
	Protects delicate internal organs	Bone marrow...myelo- Cartilage.....chondro- Joints........arthro-
es us, femur anges al costae	Serves as levers to which muscles are attached	Bone marrow studies are often done to determine the nature of some blood diseases.
vertebrae,	Manufactures blood cells in the bone marrow	
	Stores calcium	Inflammation - "itis" Osteomyelitis - infection of bone and bone marrow
classi- is sis and , calcium,		
inuses	Protective case for brain frontal, temporal, and upper jaw bones contain air spaces - sinuses	
cells	sinuses help to reduce the weight of the skull and give resonance to the voice	Mastoiditis - infection of the mastoid cells
	occipital bone contains a large opening - foramen magnum - through which the spinal cord descends	Sinusitis - infection of the sinuses

Structure	Function	Vocab
ethmoid - ethmoid sinuses sphenoid - contains sphenoid sinuses		
Face		
nasal bones - nose bridge vomer - nasal septum inferior turbinates - nose - conchae lacrimal - orbit	Protective framework for special sensory organs of sight, hearing, smell, and taste	
maxilla - upper jaw mandible - lower jaw zygomatics - cheek bones	Contains maxillary sinuses	Congenital palatine is calle
palatines - palate	Forms the roof of the mouth	
hyoid bone - attached to tongue	Attached to tongue	
Typical vertebrae		Drawing of
Vertebral column cervical vertebrae (7)-neck thoracic vertebrae (12)-back of chest lumbar vertebrae (15)-small of back sacrum (5 fused) and coccyx (3-4)-lower back	Each bone of vertebral column is separated from next by cartilage disc. Vertebral column protects the spinal cord.	
Vertebral curves primary secondary		Kyphosis - aggerati the uppe Lordosis - aggerati back sec Scoliosis column f Lumbar punc done bet fifth lu

	Function	Vocabulary; Activities; Applications
sinuses s sphenoid		
bridge um s - nose -	Protective framework for special sensory organs of sight, hearing, smell, and taste	
w aw bones	Contains maxillary sinuses	Congenital defect in which the palatine bones fail to join is called cleft palate
	Forms the roof of the mouth	
hed to	Attached to tongue	
		Drawing of typical vertebrae
(7)-neck (12)-back	Each bone of vertebral column is separated from next by cartilage disc. Vertebral column protects the spinal cord.	
15)-small of		
nd coccyx (3-4)-		
		Kyphosis - hunchback - an exaggeration of the curve of the upper back section
		Lordosis - swayback - an exaggeration of curve of lower back section Scoliosis - a curve of vertebral column from side to side Lumbar puncture - a spinal tap done between the fourth and fifth lumbar vertebrae

Structure	Function	Vocab
		Spinal anes administe lumbar pu
Thorax - chest	Forms chest cavity, and protects heart, lungs, and great blood vessels	Breast bone - area for to obtai marrow f
Shoulder girdle sternum - breastbone costae - ribs - 12 pairs	Attachment of upper extremities	Dislocation of the sh
Upper extremities humerus - upper arm bone radius) - lower arm bones ulna) carpals - wrist bones metacarpals - hand bones phalanges - finger bones	Attachment of muscles of upper extremities for motion	Colles' frac jury of t near the
Pelvic girdle ilium) ischium) - hip bones pubes)		Pelvic bones from whic obtained
Lower extremities femur - thigh bone patella - knee cap tibia) - lower leg fibula) tarsals - ankle bones metatarsals - foot bones phalanges - toe bones	Attachment of muscles of lower extremities for motion	Ligaments at Tendons atta

	Function	Vocabulary; Activities, Applications
		Spinal anesthesia - usually administered through a lumbar puncture
	Forms chest cavity, and protects heart, lungs, and great blood vessels	Breast bone - frequently the area for a sternal puncture to obtain samples of bone marrow for blood studies
e pairs	Attachment of upper extremities	Dislocation - a common injury of the shoulder girdle
bone bones	Attachment of muscles of upper extremities for motion	Colles' fracture - common injury of the forearm bones near the wrist
es bones bones		
nes		Pelvic bones are another area from which bone marrow is obtained for blood studies.
	Attachment of muscles of lower extremities for motion	Ligaments attach bone to bone. Tendons attach muscle to bone.
g s ones s		

Structure	Function	Vocab
Joints - area where two or more separate bones meet freely movable joints - hips, shoulders, jaws, knees, ankles, fingers, etc. slightly movable joints - between the bodies of the vertebrae immovable joints - skull sutures	Joints permit special movement of the body: flexion - bending motion extension - stretching motion abduction - motion away from the body adduction - motion toward the body rotation - motion around a stationary center - as movement of head when saying "No" supination - turning palm of hand upward pronation - turning palm of hand downward	Dis
MUSCULAR SYSTEM	Provides for all movements of the body	mus hea
Classification of muscle tissue skeletal - striated, voluntary	Characteristics: irritability - excitability contractility extensibility elasticity tonus	If s d s
Skeletal muscles Head	Muscles of swallowing, mastication, chewing, and speaking	Ori Ins

	Function	Vocabulary, Activities Applications
o or eet ts - jaws, ingers, oints - es of the skull	Joints permit special movement of the body: flexion - bending motion extension - stretching motion abduction - motion away from the body adduction - motion toward the body rotation - motion around a stationary center - as movement of head when saying "No" supination - turning palm of hand upward pronation - turning palm of hand downward	Disorders of joints: dislocation sprain strain inflammation ankylosis - immobility and consolidation of a joint arthritis
	Provides for all movements of the body	muscle.............myo- heart muscle.......myo-cardio-
le tissue , voluntary	Characteristics: irritability - excitability contractility extensibility elasticity tonus	If the nerve supply to skeletal muscle is destroyed it will result in: flaccid paralysis - limp and flabby muscles spastic paralysis - stiff and rigid muscles
	Muscles of swallowing, mastication, chewing, and speaking	Origin - attached to the more fixed or stationary part of the skeleton Insertion - point attached to part that moves

Structure	Function
Neck	
sternocleidomastoid	Muscles to help turn head
upper extremities	
deltoids	Raises arms
biceps	Flexes arm
triceps	Extends arm
chest	
intercostal muscles	Assist in the expansion of the chest during respiration
shoulder and back	Moves neck, arm, and back as in swimming
trapezius	
latissinus dorsi	
abdomen	
diaphragm	Assists in respiration
abdominal wall muscles	Abdominal muscles overlay one another. In each layer the muscle fibers run in different directions giving additional strength to the abdominal wall.

	Function	Vocabulary; Activities; Applications
		Tone (tonus) - voluntary muscles are in continuous partial contraction at all times even in sleep resulting in readiness for movement Antagonist - voluntary muscles which work in pairs but in opposite movement Synergist - work together in same movement
d	Muscles to help turn head	Wry neck - torticollis - injury or shortening of the neck muscles
	Raises arms Flexes arm Extends arm	Deltoid and triceps muscles are often the sites for intramuscular and subcutaneous injections.
les	Assist in the expansion of the chest during respiration Moves neck, arm, and back as in swimming	Infection, such as poliomyelitis, of the spinal nerves supplying the intercostal muscles may result in paralysis of those muscles.
scles	Assists in respiration Abdominal muscles overlay one another. In each layer the muscle fibers run in different directions giving additional strength to the abdominal wall.	Hernia - a weakness in the abdominal muscles

Structure	Function	Vocab
Lower extremities gluteals - buttocks biceps femoris) major quadriceps femoris) - thigh sartorius) muscles	Contraction of the muscles of lower extremities helps venous blood to return to the heart.	Gluteal muscl sites for in of medicatio
gastrocnemius - calf	Calf muscles insert into Achilles tendon which is attached to heel of foot.	Muscles of lo those which passive leg ridden patie
		Myalgia - cha and stiffnes
		Body mechanic use of body patient. posture - lying do movement - pulling, coordinati of combi
Shoulder and back trapexius latissimus dorsi	Moves neck, arm,and back as in swimming.	Demonstration
Visceral muscles	Smooth, involuntary muscle tissue is found in walls of internal organs of the body.	
digestive tract	Peristalsis - wavelike motion which pushes food materials through the digestive tract	Diarrhea - an Constipation peristalsis Intestinal ob of peristal

	Function	Vocabulary; Activities; Applications
s) major) - thigh) muscles	Contraction of the muscles of lower extremities helps venous blood to return to the heart.	Gluteal muscles are more frequent sites for intramuscular injections of medication.
lf	Calf muscles insert into Achilles tendon which is attached to heel of foot.	Muscles of lower extremities are those which are exercised during passive leg exercises for bed-ridden patients.
		Myalgia - charley horse - soreness and stiffness of muscles.
		Body mechanics - refers to correct use of body both by nurse and her patient. posture - standing, sitting, lying down. movement - bending, stretching, pulling, and pushing. coordination - smooth movement of combinations of muscles.
	Moves neck, arm, and back as in swimming.	Demonstration of back care
	Smooth, involuntary muscle tissue is found in walls of internal organs of the body.	
	Peristalsis - wavelike motion which pushes food materials through the digestive tract	Diarrhea - an increase of peristalsis Constipation - a decrease of peristalsis Intestinal obstruction - an absence of peristalsis

Structure	Function	Vocab
blood vessels	Dilate and contract to help maintain blood pressure and blood volume	Increase in t blood vessel pressure - h
bronchioles - lungs	Dilate and contract to regulate flow of air to and from air sacs of lungs	Bronchial ast bronchial sm
iris - eyes	Dilate and contract to regulate the amount of light entering the eye, and to adjust the eyes for vision at different distances - accommodation	Failure of co of the iris phobia, as i plopia - dou
urinary system	Dilate and contract to transport urine from kidneys to the bladder and out of the body	Failure of co urinary rete
lymphatic vessels	Dilate and contract to move lymph fluid through the lymphatic vessels to the veins	Failure to co lymphedema.
uterus	Contracts to empty in pregnancy and during menstruation	Increased ute speed labor menstruation contractions cramps - dys
cardiac muscles	Indistinctly striated; involuntary heart acts as central pump for circulatory system	Myocarditis - heart muscle

	Function	Vocabulary; Activities, Applications
	Dilate and contract to help maintain blood pressure and blood volume	Increase in the contraction of blood vessels can cause high blood pressure - hypertension.
s	Dilate and contract to regulate flow of air to and from air sacs of lungs	Bronchial asthma - contraction of bronchial smooth muscle
	Dilate and contract to regulate the amount of light entering the eye, and to adjust the eyes for vision at different distances - accommodation	Failure of contraction or dilation of the iris may result in photophobia, as in measles, or in diplopia - double vision.
	Dilate and contract to transport urine from kidneys to the bladder and out of the body	Failure of contraction may lead to urinary retention.
	Dilate and contract to move lymph fluid through the lymphatic vessels to the veins	Failure to contract may lead to lymphedema.
	Contracts to empty in pregnancy and during menstruation	Increased uterine contractions speed labor and delivery. During menstruation increased uterine contractions may cause menstrual cramps - dysmenorrhea.
	Indistinctly striated; involuntary heart acts as central pump for circulatory system	Myocarditis - inflammation of heart muscle

UNIT 3. BODY COVERING

Structure	Function	Vocab
SKIN AND ACCESSORY ORGANS	Serves as an organ of excretion - water and selected salts - insensible perspiration Contains sense organs Heat regulator Assures moisture for underlying tissue Capable of limited absorption	Skin.......
Epidermis - outer layer containing pigment cells	Dry outer covering which protects the deep tissues from injury, infection, and drying	Epidermis i itself - d order to p cells, dir should be
Dermis - deeper part of the skin - contains many blood vessels, nerves, and lymph vessels	Nerve endings in the dermis communicate with the brain and give information about the immediate environment - pain, pressure, cold, heat, and moisture.	Extra warmt for: children the ski elderly duce he
	Blood vessels in the dermis help to regulate the body temperature by dilating to release heat and contracting to conserve heat.	
Hair - covers the entire body except palms of the hands and soles of feet follicle papillae shaft cortex	Hair in specific areas helps to protect: i.e., hair on head protects the scalp from sun's rays and injuries; eyebrows and lashes help to protect the eyes from foreign bodies	Hair is a s skin arour is shaved tively.

UNIT 3. BODY COVERING

	Function	Vocabulary; Activities; Applications
RGANS	Serves as an organ of excretion - water and selected salts - insensible perspiration Contains sense organs Heat regulator Assures moisture for underlying tissue Capable of limited absorption	Skin.......cutaneo-, dermi-
er con- ls	Dry outer covering which protects the deep tissues from injury, infection, and drying	Epidermis is constantly shedding itself - desquamation - and in order to prevent accumulation of cells, dirt, and bacteria, should be bathed frequently.
of the blood lymph	Nerve endings in the dermis communicate with the brain and give information about the immediate environment - pain, pressure, cold, heat, and moisture.	Extra warmth should be provided for: children - lose heat through the skin quickly elderly people - do not produce heat too well
	Blood vessels in the dermis help to regulate the body temperature by dilating to release heat and contracting to conserve heat.	
tire body hands and	Hair in specific areas helps to protect: i.e., hair on head protects the scalp from sun's rays and injuries; eyebrows and lashes help to protect the eyes from foreign bodies	Hair is a source of contamination; skin around the area of surgery is shaved and cleaned preoperatively.

Structure	Function	Voca
Oil glands - sebaceous glands - found all over the body except the palms of the hands and soles of the feet	Secrete an oily substance which keeps the hair and skin from becoming too dry Helps to preserve water content	Sebaceous gl clogged wit particles - blackheads, cysts, and
Sweat glands - sudoriferous glands - found all over the body	Secrete perspiration which is eliminated from the body through openings in the skin. Perspiration helps the body to eliminate salts and other mineral wastes.	Perspiration creased tem fever, emot and some di Perspiration cold temper dehydration urination.
Nails - fingers and toes	Protects the ends of fingers and toes	Nails should because bac to collect

	Function	Vocabulary; Activities; Applications
ous glands - body except nds and soles	Secrete an oily substance which keeps the hair and skin from becoming too dry Helps to preserve water content	Sebaceous glands can become clogged with dirt and dust particles - may result in blackheads, pimples, sebaceous cysts, and infections.
iferous over the body	Secrete perspiration which is eliminated from the body through openings in the skin. Perspiration helps the body to eliminate salts and other mineral wastes.	Perspiration increases during increased temperatures and humidity, fever, emotional stress, exercise, and some diseases. Perspiration decreases during cold temperatures, diarrhea, dehydration, and excessive urination.
toes	Protects the ends of fingers and toes	Nails should be well cared for because bacteria and dirt tend to collect under them.

Structure	Function	Vocabu A
CIRCULATORY SYSTEM	Transports substances to and from body cells	Heart........ Vein......... Artery......
Heart - muscular pump with three layers endocardium-lining and valves myocardium-muscle and thickest layer pericardium-outermost layer	Pumps blood through the body in a circular pattern Stimulated to pump rhythmically by nerve impulses within the heart itself	Stethoscope - permits list beat Electrocardio nerve impuls Pacemaker - s the heart
right side of the heart right auricle - atrium tricuspid valve right ventricle pulmonary valves - semilunar	Venous blood from superior and inferior vena cava enters right auricle, passes through tricuspid valve into right ventricle, and then passes through pulmonary artery to lungs. In lungs, blood gives up its carbon dioxide and picks up oxygen.	Some forms of result in a right-sided
left side of the heart left auricle - atrium bicuspid (mitral) valve left ventricle aortic valve - semilunar	Oxygenated blood returns from lungs through pulmonary veins and enters left auricle, passes through mitral valve into left ventricle and leaves heart by passing through aortic valve into aorta.	Some forms of result in a left-sided h
Intraventricular septum	Right and left sides of heart are separated by a wall which keeps venous blood from mixing with arterial blood.	Common congen defect in wa side from le Infants with often called

	Function	Vocabulary; Activities; Applications
	Transports substances to and from body cells	Heart..............cardio- Vein...............phlebo-, venous Artery.............arterio-
with ning and cle and r termost	Pumps blood through the body in a circular pattern Stimulated to pump rhythmically by nerve impulses within the heart itself	Stethoscope - an instrument which permits listening to the heart beat Electrocardiogram - a record of nerve impulses of the heart Pacemaker - sinoatrial node of the heart
the heart le - atrium alve icle alves -	Venous blood from superior and inferior vena cava enters right auricle, passes through tricuspid valve into right ventricle, and then passes through pulmonary artery to lungs. In lungs, blood gives up its carbon dioxide and picks up oxygen.	Some forms of heart disease may result in a condition called right-sided heart failure.
he heart e - atrium (mitral) valve cle e - semilunar	Oxygenated blood returns from lungs through pulmonary veins and enters left auricle, passes through mitral valve into left ventricle and leaves heart by passing through aortic valve into aorta.	Some forms of heart disease may result in a condition called left-sided heart failure.
m	Right and left sides of heart are separated by a wall which keeps venous blood from mixing with arterial blood.	Common congenital disease is a defect in wall separating right side from left side of heart. Infants with this defect are often called blue babies.

Structure	Function	Voca
Arteries of the heart anterior coronary artery posterior coronary artery	Coronary arteries supply nourishment and oxygen to the heart itself.	Interruption within coro result in s failure wit When this oc insufficienc infarct res
Blood vessels Arteries - have the thickest walls and pulsate with each heart beat aorta - largest artery in body	Arteries carry oxygenated blood away from heart to capillary system. Most arteries are deep within muscles.	Pulsations i possible to Pulsations c near surface temple neck wrists groin ankles Count pulse r Abnormal puls tachycardia, Blood pressur over brachia
Capillaries - have the thinnest walls and connect the arterial system with the venous system.	Capillaries communicate with individual cells and allow for exchange of oxygen and food with carbon dioxide and wastes from the cells through walls. Capillaries are the most widely distributed blood network.	Broken capill
Veins - do not pulsate. Veins below the level of the heart have valves along their lengths to help the blood return to the heart against gravity.		

	Function	Vocabulary; Activities; Applications
t artery y artery	Coronary arteries supply nourishment and oxygen to the heart itself.	Interruption or obstruction within coronary arteries will result in serious circulatory failure within heart muscle. When this occurs myocardial insufficiency or myocardial infarct results.
he thickest e with each rtery in body	Arteries carry oxygenated blood away from heart to capillary system. Most arteries are deep within muscles.	Pulsations in arteries make it possible to "count" heart beats. Pulsations can be felt in arteries near surface of the body: temple neck wrists groin ankles Count pulse rate per minute. Abnormal pulse rates - dicrotic, tachycardia, bradycardia Blood pressure is usually taken over brachial artery in arm.
e thinnest e arterial us system.	Capillaries communicate with individual cells and allow for exchange of oxygen and food with carbon dioxide and wastes from the cells through walls. Capillaries are the most widely distributed blood network.	Broken capillaries result in bruises.
e. Veins he heart eir lengths turn to the y.		

Structure	Function	Vocab
Vena cava - largest vein superior inferior	Veins receive blood from capillaries which now have blood containing wastes and carbon dioxide. Veins carry blood back to heart and the circulatory cycle is completed. Veins are classified as deep or superficial.	If valves wit to close pro back and eve and dilate. varicose vei Hemorrhoids - the anus Blood pressur by use of a Normal blood 120/80. The of normal ra Hypertension Hypotension Hemorrhage
General circulation - systemic pulmonary renal hepatic - portal	circulation to organs of body	
Fetal circulation	circulation between mother and fetus during pregnancy	Umbilical co Ductus arteri Foramen ovale
Blood - fluid tissue circulating through the heart and blood vessels.	Transportation of oxygen, food, hormones, carbon dioxide, and wastes. Maintenance and regulation of body heat. Maintenance of mineral balance of body - acid-base balance.	Blood....... Red......... White....... Clot........ Cell........

	Function	Vocabulary; Activities; Applications
ein	Veins receive blood from capillaries which now have blood containing wastes and carbon dioxide. Veins carry blood back to heart and the circulatory cycle is completed. Veins are classified as deep or superficial.	If valves within veins should fail to close properly, blood slips back and eventually veins stretch and dilate. This is called varicose veins. Hemorrhoids - varicose veins of the anus Blood pressure can be determined by use of a sphygmomanometer. Normal blood pressure is about 120/80. There are many variations of normal range. Hypertension - increased blood pressure Hypotension - decreased blood pressure Hemorrhage - a break in a blood vessel
systemic	circulation to organs of body	
	circulation between mother and fetus during pregnancy	Umbilical cord Ductus arteriosus Foramen ovale
circulating d blood	Transportation of oxygen, food, hormones, carbon dioxide, and wastes. Maintenance and regulation of body heat. Maintenance of mineral balance of body - acid-base balance.	Blood..............hemo-, emia Red................erythro- White..............leuko- Clot...............thrombo- Cell...............-cyte

Structure	Function	Vocab
Classification Types: A B AB - universal receiver O - universal donor	Provides some protection through destruction of harmful bacteria and through production of immune substance - leukocytes, antibodies.	Transfusions person to an if blood typ are compatib mined by a t test.
Rh factor Rh positive - 85% of the population Rh negative - 15% of the population		
Solid blood material		Solid material usually found numbers in pr another. Man can cause an in one or mor anemia polycythem leukemia leukocytos leukopenia
Erythrocytes-red blood cells 4,500,000-7,000,000 per c.c.	Red blood cells contain hemoglobin, which carries oxygen.	
Leukocytes-white blood cells 5,000-9,000 per c.c.	White blood cells have ability to leave blood stream and go to a local area of infection. Their main function is to destroy disease-causing organisms.	
		These changes complete b red blood white bloo hemoglobin

	Function	Vocabulaly; Activities; Applications
rsal receiver rsal donor	Provides some protection through destruction of harmful bacteria and through production of immune substance - leukocytes, antibodies.	Transfusions of blood from one person to another may be done if blood types and Rh factors are compatible. This is determined by a type and crossmatch test.
% of the % of the		
lood cells 00 per c.c.	Red blood cells contain hemoglobin, which carries oxygen.	Solid materials of blood are usually found in fairly regular numbers in proportion to one another. Many disease conditions can cause an increase or decrease in one or more of these cells: anemia polycythemia vera leukemia leukocytosis leukopenia These changes can be determined by: complete blood count - CBC red blood count - RBC white blood count - WBC hemoglobin concentration - Hgb
lood cells .c.	White blood cells have ability to leave blood stream and go to a local area of infection. Their main function is to destroy disease-causing organisms.	

Structure	Function	Voca
Thrombocytes-platelets	Platelets are essential for clotting or coagulation of blood.	
	Theory of coagulation of blood	Fibrin Platelets Prothrombin Thromboplast
Liquid blood material Plasma - mostly water	Plasma contains in solution food elements fats proteins carbohydrates mineral salts gases hormones waste material antitoxins antibodies blood proteins	Plasma is th blood befor clotting ha . Serum is the blood after
Lymph and Lymph Vessels	The lymph system helps to keep the fluid in and around the cells at a constant level. Lymph fluid helps to remove waste materials from the cells	Interruption the lymph sy lymphedema.
lymphoid tissue tonsils adenoids	Tonsils and adenoids act as filters for the tissue fluid of the respiratory system	Tonsils and a become infec bacteria the Treatment - t - a

	Function	Vocabulary; Activities; Applications
s	Platelets are essential for clotting or coagulation of blood.	
	Theory of coagulation of blood	Fibrin Platelets Prothrombin Thromboplastin
ter	Plasma contains in solution food elements fats proteins carbohydrates mineral salts gases hormones waste material antitoxins antibodies blood proteins	Plasma is the liquid portion of blood before the process of clotting has occurred. Serum is the liquid portion of blood after clotting has occurred.
ls	The lymph system helps to keep the fluid in and around the cells at a constant level. Lymph fluid helps to remove waste materials from the cells	Interruption or obstruction of the lymph system can cause lymphedema.
	Tonsils and adenoids act as filters for the tissue fluid of the respiratory system	Tonsils and adenoids frequently become infected due to the bacteria they have filtered. Treatment - tonsillectomy - adenoidectomy

Structure	Function	Vocab
lymph nodes/glands	Distributed throughout the body act as filters at intervals along the lymph vessels manufacture lymphocytes	Inflammation lymph glands lymphadeniti larged nodes Lymphadeniti common in th and groin re
spleen-composed of some lymphoid tissue	Functions of the spleen filters blood of impurities; i.e., dead blood cells, cancer cells removes and destroys worn-out red blood cells produces red blood cells in the unborn child destroys bacteria and other harmful materials in blood produces antibodies for immunity to various diseases	Spleen may be enlarged-spl Interference of platelets type of blee Splenectomy m
RESPIRATORY SYSTEM		
nose and sinuses pharynx - throat	Upper respiratory tract acts as a passageway through which air is taken into lungs, and carbon dioxide and water vapor leave lungs Upper respiratory tract is lined with mucous membranes to moisten and warm air we breathe These membranes contain tiny microscopic projections called cilia to filter out dust particles	Common infect piratory tra common col pharyngiti laryngitis tracheitis bronchitis sinusitis

	Function	Vocabulary; Activities; Applications
nds	Distributed throughout the body act as filters at intervals along the lymph vessels manufacture lymphocytes	Inflammation or infection of lymph glands is called lymphadenitis. May include enlarged nodes and streaking. Lymphadenitis is particularly common in the cervical, axillary, and groin regions.
of some e	Functions of the spleen filters blood of impurities; i.e., dead blood cells, cancer cells removes and destroys worn-out red blood cells produces red blood cells in the unborn child destroys bacteria and other harmful materials in blood produces antibodies for immunity to various diseases	Spleen may become overactive and enlarged-splenomegaly Interference with the production of platelets may result in special type of bleeding disease. Splenectomy may be necessary.
	Upper respiratory tract acts as a passageway through which air is taken into lungs, and carbon dioxide and water vapor leave lungs Upper respiratory tract is lined with mucous membranes to moisten and warm air we breathe These membranes contain tiny microscopic projections called cilia to filter out dust particles	Common infections of upper respiratory tract common cold pharyngitis laryngitis tracheitis bronchitis sinusitis

Structure	Function	Vocab
larynx - voice box trachea - windpipe	Air passing through voice box vibrates the vocal cords to produce sounds.	Upper respira come obstruc foreign bodi ing can be m allow air to tracheotomy.
bronchus, bronchi, bronchioles lungs	Bronchus branches off into smaller bronchi which lead into three lobes of right lung and two lobes of left lung. Bronchi continue to subdivide into bronchioles leading directly into air sacs - alveoli	Lungs are cov called visce pleura lines of pleura is Two layers o pleural spac lection of f thoracentesi
alveoli - air sacs	Exchange of oxygen and carbon dioxide occurs in air sacs	lungs....... air.... ....
	Respiration provides oxygen to body and eliminates water and carbon dioxide from body	Empyema Pneumonia Pulmonary ed
Types of Respiration	External respiration inspiration - provides oxygen expiration - eliminates carbon dioxide and water exchange of gases in capillaries of alveoli	Count respira Types of abno apnea, asphy Stokes, ster
	Internal respiration exchange of gases in tissue cells	Lung capacity total lung vital capac tidal volum

Function	Vocabulary; Activities; Applications
Air passing through voice box vibrates the vocal cords to produce sounds.	Upper respiratory tract may become obstructed by edema or foreign bodies; emergency opening can be made in trachea to allow air to enter lungs directly-tracheotomy.
Bronchus branches off into smaller bronchi which lead into three lobes of right lung and two lobes of left lung. Bronchi continue to subdivide into bronchioles leading directly into air sacs - alveoli	Lungs are covered by a membrane called visceral pleura. Parietal pleura lines thorax. Inflammation of pleura is called pleurisy. Two layers of pleura enclose pleural space. Effusion is collection of fluid in pleura space, thoracentesis, removal of fluid.
Exchange of oxygen and carbon dioxide occurs in air sacs	lungs......... ....pulmon- air.... ....pneumo-
Respiration provides oxygen to body and eliminates water and carbon dioxide from body	Empyema Pneumonia Pulmonary edema
External respiration inspiration - provides oxygen expiration - eliminates carbon dioxide and water exchange of gases in capillaries of alveoli	Count respirations per minute. Types of abnormal respiration - apnea, asphyxia, dyspnea, Cheyne-Stokes, stertorous, etc.
Internal respiration exchange of gases in tissue cells	Lung capacity total lung capacity vital capacity tidal volume

Structure	Function	Voca
DIGESTIVE SYSTEM	Chemical and mechanical changes of ingested food into usable substances which are then absorbed and used by various tissues of body.	
Mouth - buccal cavity accessory organs tongue - lingual	Mechanical mastication - chewing moistening food with saliva formation of bolus deglutition - swallowing	Tongue...... Teeth....... Salivary glan Gallbladder.. Liver....... Stomach.....
salivary glands parotid submaxillary sublingual	Chemical - enzyme (ptyalin) in saliva changes carbohydrate into simpler sugars.	Small intesti Large intesti Enzyme......
teeth deciduous permanent gums-gingivae tooth-crown, neck, pulp cavity, roots		Dental caries
Epiglottis esophagus - gullet	Mechanical - passage of food by peristalsis.	Alimentary can long
Stomach cardiac fundus pylorus sphincter cardiac pyloric	Mechanical - chymification of food passage of liquid-like mass-chyme-after 3-4 hours into duodenum through pyloric sphincter	**Ulceration** - b away of surfa gastric or pe stomach duodenal ulce
		Gastro - intes for diagnosis tion, cancer, barium given the alimentar barium enema

	Function	Vocabulary; Activities; Applications
	Chemical and mechanical changes of ingested food into usable substances which are then absorbed and used by various tissues of body.	
ity s ual	Mechanical mastication - chewing moistening food with saliva formation of bolus deglutition - swallowing Chemical - enzyme (ptyalin) in saliva changes carbohydrate into simpler sugars.	Tongue............glosso-, lingua- Teeth.............denti- Salivary glands...parotids Gallbladder.......cholecyst- Liver.............hepato- Stomach...........gastro-, gastric- Small intestine...entero- Large intestine...colon Enzyme............catalytic agent Dental caries - tooth decay
eck, roots		
let	Mechanical - passage of food by peristalsis.	Alimentary canal - about 30 feet long
	Mechanical - chymification of food passage of liquid-like mass-chyme-after 3-4 hours into duodenum through pyloric sphincter	Ulceration - breakdown or wearing away of surface lining gastric or peptic ulcer - in stomach duodenal ulcer - in duodenum Gastro - intestinal series - X-ray for diagnosis of ulcer, obstruction, cancer, etc. barium given by mouth to outline the alimentary canal barium enema to outline colon

Structure	Function	Vocab
	Chemical HCl and gastric juices - rennin, pepsin - start protein breakdown gastric lipase acts on emulsified fats	Rennin - clot
Small intestines - 23 feet	Mechanical - peristalsis - movement by which food is passed along alimentary tract	Nausea - mild talsis
duodenum	Chemical - intestinal juices, bile from liver, and pancreatic juices act on carbohydrate - glucose	Diarrhea - in Constipation talsis
jejunum	proteins - amino acids fats - fatty acid and glycerol	
ileum		
ileo-cecal valve	Food continues through small intestines where digestion is completed.	Intestinal ob ference wit
accessory organs associated with small intestines	Absorption of end products takes place in villi of small intestines.	
liver	Produces bile Manufactures some blood proteins essential for clotting - fibrinogen, prothrombin, etc. Stores vitamins A and D Stores glucose as glycogen; then converts it back to glucose as needed Helps to detoxify blood Gives rise to anticoagulant substances - heparin Helps in heat production	Jaundiced - y of skin may ference of liver to ga an accumula into blood Hepatitis - i Absence of bi may result
gallbladder	Stores and concentrates bile Empties contents into duodenum which emulsifies fats	Cholecystitis gallbladder Cholelithiasi gallstones
pancreas	Secretes pancreatic fluid which contains enzymes for digestion of food Islets of Langerhans secretes insulin, a hormone essential for glucose metabolism.	Pancreatitis the pancrea the passage juices into

Function	Vocabulary; Activities; Applications
Chemical HCl and gastric juices - rennin, pepsin - start protein breakdown gastric lipase acts on emulsified fats	Rennin - clotting of milk
Mechanical - peristalsis - movement by which food is passed along alimentary tract	Nausea - mild reversal of peristalsis
Chemical - intestinal juices, bile from liver, and pancreatic juices act on carbohydrate - glucose proteins - amino acids fats - fatty acid and glycerol	Diarrhea - increase in peristalsis Constipation - decrease in peristalsis
Food continues through small intestines where digestion is completed.	Intestinal obstruction - interference with peristalsis
Absorption of end products takes place in villi of small intestines.	
Produces bile Manufactures some blood proteins essential for clotting - fibrinogen, prothrombin, etc. Stores vitamins A and D Stores glucose as glycogen; then converts it back to glucose as needed Helps to detoxify blood Gives rise to anticoagulant substances - heparin Helps in heat production	Jaundiced - yellow discoloration of skin may be due to interference of flow of bile from liver to gall bladder causing an accumulation and reverse flow into blood stream Hepatitis - inflammation of liver
Stores and concentrates bile Empties contents into duodenum which emulsifies fats	Absence of bile in digestive tract may result in clay-colored stool Cholecystitis - inflammation of gallbladder Cholelithiasis - formation of gallstones
Secretes pancreatic fluid which contains enzymes for digestion of food	Pancreatitis - inflammation of the pancreas due to blocking the passage of pancreatic juices into the duodenum
Islets of Langerhans secretes insulin, a hormone essential for glucose metabolism.	

Structure	Function	Vocab
Large intestines - 5 feet	Food which has not been digested, or cannot be digested, is passed along the alimentary canal into the large intestine, where excess water is removed. This semi-solid material is passed along into the rectum, from whence it is removed from the body.	
ascending colon		
cecum	blind pouch	
appendix	attached to cecum - has no function	Appendicitis - appendix white blood diagnosis
transverse colon		Ulcerative col inflammation
descending colon		
sigmoid flexure		
rectum	Ability to expand to accommodate fecal material	
anal canal		Hemorrhoid - e anal canal
		Good nutrition pends upon fo good digest food into good absorp usable foo blood stre to the cel good metabo of the cel brought to good elimin of the was the cells

	Function	Vocabulary; Activities; Applications
feet	Food which has not been digested, or cannot be digested, is passed along the alimentary canal into the large intestine, where excess water is removed. This semi-solid material is passed along into the rectum, from whence it is removed from the body.	
	blind pouch	
	attached to cecum - has no function	Appendicitis - inflammation of appendix white blood count used for diagnosis
		Ulcerative colitis - ulcer with inflammation of colon
	Ability to expand to accommodate fecal material	
		Hemorrhoid - enlarged veins in anal canal
		Good nutrition for the body depends upon four factors: good digestion - breaking down food into usable substances good absorption - absorbing usable food into the lymph and blood streams and distributing to the cells of the body good metabolism - the ability of the cells to use the food brought to them by the blood good elimination - getting rid of the waste materials from the cells of the body

Structure	Function	Vocab
Urinary System		
Kidneys - 2 -retro-peritoneal		
Gross cortex, medulla, pyramid calyces, pelvis	Maintain water balance Regulate electrolyte balance Influence blood pressure Excrete metabolic waste from blood and lymph in form of urine	Kidneys..... Bladder..... Urine....... Water....... Stones...... Pelvis......
Microscopic Structure nephron - functioning unit of kidney Bowman's capsule glomerulus tubules	Unit structure of kidney	
Ureters - two	Passageway from kidney to bladder	
Bladder	Reservoir for urine - has a capacity of about 500 c.c. - is normally emptied when it contains about 300 c.c.	Urinary reten bladder to
Urethra male - about 8 inches female - about 1½ inches	Passageway from bladder to outside for micturation	Urinary suppr of kidney t
meatus	Sphincter muscle controls external opening of urethra	Urinary incon micturatio
Urine normal characteristics: yellow color with variations from dark to very pale usually clear slightly acid	Urine, at the time it is voided, is sterile in normal, healthy individuals Urine is a combination of water and waste materials. It is filtered from blood through kidneys to ureters, bladder, and urethra	Catheterizati obtain a st for diagnos Cystoscopy - of lining o

	Function	Vocabulary; Activities, Applications
pyramid	Maintain water balance Regulate electrolyte balance Influence blood pressure Excrete metabolic waste from blood and lymph in form of urine	Kidneys..............nephro-, renal Bladder.............cyst Urine...............ur-, uria Water...............hydro- Stones..............calculi-, lithiasis Pelvis..............pelo-
ng unit	Unit structure of kidney	
e		
	Passageway from kidney to bladder	
	Reservoir for urine - has a capacity of about 500 c.c. - is normally emptied when it contains about 300 c.c.	Urinary retention - inability of bladder to empty itself
es nches	Passageway from bladder to outside for micturation	Urinary suppression - inability of kidney to produce urine
	Sphincter muscle controls external opening of urethra	Urinary incontinence - involuntary micturation
ics: variations	Urine, at the time it is voided, is sterile in normal, healthy individuals	Catheterization - procedure to obtain a sterile urine specimen for diagnostic tests
y pale	Urine is a combination of water and waste materials. It is filtered from blood through kidneys to ureters, bladder, and urethra	Cystoscopy - direct observation of lining of bladder

Structure	Function	Vocab
odor specific gravity organic wastes inorganic salts		Intravenous p outlining e system for a dye into Renal calculi - concentrat which may fo Bladder calcu in bladder

Function	Vocabulary; Activities; Applications
	Intravenous pyelogram - I.V.P. - outlining entire urinary system for x-ray by injecting a dye into blood stream Renal calculi or nephrolithiasis - concentrated mineral waste which may form stones Bladder calculi - same condition in bladder

UNIT 5. REPRODUCTION

Structure	Function	Vocab
REPRODUCTIVE SYSTEM	Reproduction and propagation of the species	Testes...... Ovaries...... Uterus...... Tubes.......
Male Reproductive System	Production of sperm and fertilization of ovum	
testes - located in scrotum	Produce hormone - testosterone spermatozoa	Testes sensit x-rays, and Sterility - i
prostate gland - located at base of bladder around urethra	Contributes fluid in which sperm are motile	Benign prosta enlargement - may resul tention
penis	External organ through which urethra passes	Phimosis - ti of penis co meatus
urethra	Passageway for elimination of urine and ejaculation of sperm	Circumcision of foreskin phimosis
Female Reproductive System	Production of ovum Retention and development of fetus Expulsion of fetus at maturity Process of menstruation	Ovum - egg pr follicle in
internal organs ovaries - 2 almond-shaped organs in pelvic cavity	Produce hormones - estrone and progesterone ovum	Ovulation - p ovum leaves

UNIT 5. REPRODUCTION

	Function	Vocabulary; Activities; Applications
	Reproduction and propagation of the species	Testes...............orchi- Ovaries.............oophoro- Uterus..............hystero- Tubes...............salpingo-
	Production of sperm and fertilization of ovum	
n	Produce hormone - testosterone spermatozoa	Testes sensitive to infection, x-rays, and malnutrition Sterility - inability to reproduce
f ethra	Contributes fluid in which sperm are motile	Benign prostatic hypertrophy - enlargement of prostrate gland - may result in urinary retention
	External organ through which urethra passes	Phimosis - tightening of foreskin of penis constricting urinary meatus
	Passageway for elimination of urine and ejaculation of sperm	Circumcision - surgical removal of foreskin of penis to relieve phimosis
	Production of ovum Retention and development of fetus Expulsion of fetus at maturity Process of menstruation	Ovum - egg produced by graafian follicle in ovary
	Produce hormones - estrone and progesterone ovum	Ovulation - process whereby ripened ovum leaves ovary

Structure	Function	Voca
		Corpus luteu - progester graafian fo discharged
Fallopian tubes - 2 thin, flexible muscular tubes ending in finger-like projections - fimbriae - connect pelvis and uterine cavities	Passageway for mature ovum from ovary to uterus Fertilization takes place in outer third of tube Fertilized ovum passes into uterus	Salpingitis Fallopian t sterility Ectopic pregn ovum remain
uterus - pear-shaped muscular organ - enlarges during pregnancy fundus body cervix	Uterus houses growing fetus - lining of uterus (endometrium) helps to nourish it. If fertilization does not occur, lining of uterus is shed and discharged from body as menstrual flow	Menstrual fl lining of t and unferti menstrual c ing 4 to 5 menorrhag menstrua metrorrha periods dysmenorr ation amenorrhe flow puberty - of repro menarche menopause menstruat hysterect moval of

	Function	Vocabulary; Activities; Applications
		Corpus luteum - secretes hormone - progesterone-formed by graafian follicle after it has discharged its ovum
2 mus- ing pro- riae - and s	Passageway for mature ovum from ovary to uterus Fertilization takes place in outer third of tube Fertilized ovum passes into uterus	Salpingitis - inflammation of Fallopian tube; may result in sterility Ectopic pregnancy - fertilized ovum remains in Fallopian tube
ed en- egnancy	Uterus houses growing fetus - lining of uterus (endometrium)helps to nourish it. If fertilization does not occur, lining of uterus is shed and discharged from body as menstrual flow	Menstrual flow is discharge of lining of the nonpregnant uterus and unfertilized ovum. Average menstrual cycle of 28 days, lasting 4 to 5 days menorrhagia - increased menstrual flow metrorrhagia-bleeding between periods dysmenorrhea-painful menstruation amenorrhea-absence of menstrual flow puberty - maturity of function of reproductive organs menarche - first menstrual flow menopause - the cessation of menstruation hysterectomy - surgical removal of uterus

Structure	Function	Vocab
vagina - muscular tube connects uterine cavity with outside of body	Excretory duct of uterus Female organ of copulation Part of birth canal during labor	
External organs vulva labia majora labia minora clitoris		Urinary meat clitoris a vagina
Bartholin glands	Bartholin and Skene's glands produce lubricating secretions for vulva	Bartholin cy of Barthol
perineum - pelvic floor	Area between vulva and rectum composed of muscle Stretches during expulsion of baby	Episiotomy - childbirth to prevent damage to
breasts - 2 mammary glands	Provide nourishment for newborn	Lactation -

	Function	Vocabulary; Activities; Applications
 terine side	Excretory duct of uterus Female organ of copulation Part of birth canal during labor	
		Urinary meatus is located below clitoris and above entrance of vagina
	Bartholin and Skene's glands produce lubricating secretions for vulva	Bartholin cyst - obstruction of Bartholin gland
	Area between vulva and rectum composed of muscle Stretches during expulsion of baby	Episiotomy - incision during childbirth made in perineum to prevent uneven tears and damage to rectal muscles
	Provide nourishment for newborn	Lactation - secretion of milk

UNIT 6. NERVOUS SYSTEM

Structure	Function	Vocal
NERVOUS SYSTEM	Transmits information by means of nerve impulses conducted by nerve cells from one structure to another resulting in rapid coordination of widely separated cells	Nerve....... Brain....... Sensation or feeling Brain coveri
Central Nervous System	Neuron - functioning unit structure of nervous system	
Brain		
Cerebrum- 2 hemispheres right and left	Centers of speech, vision, hearing, voluntary movement, and pain	Motor area in controls mov of body from Motor area in controls mov of body from
Ventricles - 4	Spaces in cerebrum which manufacture and are filled with clear cerebrospinal fluid.	Hydrocephalus ventricles
	Lowest of these ventricles connects with central canal of spinal cord	Ventriculogra of ventricl
Cerebellum - 2 hemispheres 3 lobes in each	Coordinates voluntary muscles Maintains balance of body Maintains muscle tone	Injury to cer in a weakne ability to straight, o movements o
Medulla	Contains vital function control of body, heart action, and respiration - injury may lead to death	
Pons varolii - midbrain	Contains an area which helps to orient position of head to position of rest of body. Body temperature control, mood and behavior control, are thought to be located in this part of the brain	Electroenceph of the nerv

UNIT 6. NERVOUS SYSTEM

Function	Vocabulary; Activities; Applications
Transmits information by means of nerve impulses conducted by nerve cells from one structure to another resulting in rapid coordination of widely separated cells	Nerve.............neuro- Brain.............encephalon- Sensation or feeling......-asthenia Brain covering....meningo-
Neuron - functioning unit structure of nervous system	
Centers of speech, vision, hearing, voluntary movement, and pain	Motor area in left hemisphere controls movements of right side of body from neck down Motor area in right hemisphere controls movements of left side of body from neck down
Spaces in cerebrum which manufacture and are filled with clear cerebrospinal fluid.	Hydrocephalus - obstruction of ventricles of cerebrum
Lowest of these ventricles connects with central canal of spinal cord	Ventriculogram - special x-ray of ventricles of brain
Coordinates voluntary muscles Maintains balance of body Maintains muscle tone	Injury to cerebellum may result in a weakness of muscles, inability to sit and walk straight, or inaccuracy in movements of body
Contains vital function control of body, heart action, and respiration - injury may lead to death	
Contains an area which helps to orient position of head to position of rest of body.	Electroencephalogram - a record of the nerve impulses of brain
Body temperature control, mood and behavior control, are thought to be located in this part of the brain	

Structure	Function	Vocab
membranes		
Spinal cord - extends down spinal column to region of first or second lumbar vertebrae	Acts as reflex center, and as pathway for messages going to and from brain - conduction pathway	
Reflex arc	Consists of sensory neuron connecting with motor neuron in the spinal cord	Reflex arc gu e.g., reacti iron and kn
Afferent (sensory) Efferent (motor)		A conduction as well as
Spinal membranes - extend below region of sacrum	Cerebrospinal fluid - clear, colorless fluid circulates between spinal cord and its covering membranes - meninges	Lumbar punctu cerebrospin tap
		Manometric re pressure of
Cranial nerves - 12 pairs emerge from under surface of brain	Controls: special senses - sight, hearing, touch, etc. general senses - pain, temperature, etc. voluntary muscle control - walking, sitting, etc. involuntary muscle and gland control - peristalsis, digestive juice production, etc.	Injury to a c result in l function of nerve; exa the optic n of sight, a may be perf

	Function	Vocabulary; Activities; Applications
ds to ebrae	Acts as reflex center, and as pathway for messages going to and from brain - conduction pathway	
y)	Consists of sensory neuron connecting with motor neuron in the spinal cord	Reflex arc guards body from harm - e.g., reaction to touching hot iron and knee jerk A conduction reflex involves brain as well as spinal cord
ex- of	Cerebrospinal fluid - a clear, colorless fluid circulates between spinal cord and its covering membranes - meninges	Lumbar puncture - examination of cerebrospinal fluid - spinal tap Manometric reading - measure of pressure of spinal fluid
brain	Controls: special senses - sight, hearing, touch, etc. general senses - pain, temperature, etc. voluntary muscle control - walking, sitting, etc. involuntary muscle and gland control - peristalsis, digestive juice production, etc.	Injury to a cranial nerve will result in loss of normal function of that particular nerve; example: injury to the optic nerve results in loss of sight, although eye itself may be perfectly normal

Structure	Function	Voc
Spinal nerves - 31 pairs cervical thoracic lumbar sacral	Grouped according to sections of vertebrae near which they conduct impulses between spinal cord and parts of body not supplied by cranial nerves - sensation and movement	Injury to s cause par sensation examples: parapleg quadrupl hemipleg stroke cardiova
Autonomic Nervous System - involuntary	Controls internal environment, heart action, circulation, peristalsis	Poliomyelit an infect attacks a and inhib breathing ing, walk
Parasympathetic - craniosacral	Parasympathetic and sympathetic impulses tend to produce opposite effects on organs	
Sympathetic - thoracolumbar		

	Function	Vocabulary; Activities; Applications
31	Grouped according to sections of vertebrae near which they conduct impulses between spinal cord and parts of body not supplied by cranial nerves - sensation and movement	Injury to spinal cord will cause paralysis and loss of sensation below level of injury; examples: paraplegia quadruplegia hemiplegia stroke cardiovascular accident (CVA)
ystem -	Controls internal environment, heart action, circulation, peristalsis	Poliomyelitis is an example of an infectious disease which attacks autonomic nerve fibers and inhibits the muscles of breathing, swallowing, talking, walking, etc.
- cranio-	Parasympathetic and sympathetic impulses tend to produce opposite effects on organs	
oraco-		

Structure	Function	Vocabu A
EYE	Permits individual to see his environment	Eye.......... Seeing......
Accessory organs		
eyebrow	Protection of eye	
eyelids	Shades which cover eyes during sleep; throughout the day, eyelids blink to keep eye moistened	Sty - obstruc in eyelid
eyelashes	Keep dust and foreign bodies from entering eye	
lacrimal glands upper outer corners of eyes	Produce tears, which help to keep cornea moist and also wash away particles that may enter eye	Excess tears the eyes th ducts in th corners. These ducts the nose drained.
eye muscles - 6 per eye	Help to move eyes within eye sockets	Strabismus - of one eye its opposit a crossing
conjunctiva	Mucous membrane which lines inner surface of eyelids and covers anterior surface of eyeball	Conjunctiviti
coats of eye		
outer		
sclera	White, opaque, fibrous membrane covers posterior five-sixths of eyeball Maintains shape of eye Protects delicate structures within	

	Function	Vocabulary; Activities; Applications
	Permits individual to see his environment	Eye................ophthalmo- Seeing.............visual, vision
	Protection of eye	
	Shades which cover eyes during sleep; throughout the day, eyelids blink to keep eye moistened	Sty - obstruction of oil gland in eyelid
	Keep dust and foreign bodies from entering eye	
orners	Produce tears, which help to keep cornea moist and also wash away particles that may enter eye	Excess tears are drained from the eyes through two small ducts in the lower inner corners. These ducts communicate with the nose where the tears are drained.
per eye	Help to move eyes within eye sockets	Strabismus - crossed eyes - muscle of one eye pulls harder than its opposite number. It causes a crossing of the one eye.
	Mucous membrane which lines inner surface of eyelids and covers anterior surface of eyeball	Conjunctivitis - pinkeye
	White, opaque, fibrous membrane covers posterior five-sixths of eyeball Maintains shape of eye Protects delicate structures within	

Structure	Function	Voca
cornea	Transparent covering of anterior one-sixth of eyeball - continuous with sclera	Injuries to in formati which in t in blindne
middle		
choroid	Vascular layer	
ciliary body and muscle	Controls size of lens - accommodation	When examina eyeball is drugs are of pupil, permit mor Other drug when examin
iris	Pigmented portion - brown Non-pigmented - blue	
pupil	Contains two sets of muscles to contract and dilate pupil Circular hole through which light is admitted	
inner		
retina	Nerve layer, rods and cones, upon which images are recorded Nerves send messages to brain which interprets what eye has seen.	
refracting media		
aqueous humor	In chamber in front of lens containing a watery solution	
crystalline lens	Double convex shape which serves to bend light rays, focus image, so that rays come to point on retina to give clear picture of image	Cataract - wi lens become loss of sig
vitreous humor	Semi-fluid albuminous tissue fills posterior bulb of eye	Glaucoma - in pressure c of vision

Function	Vocabulary; Activities; Applications
Transparent covering of anterior one-sixth of eyeball - continuous with sclera	Injuries to cornea might result in formation of scar tissue, which in turn might result in blindness.
Vascular layer	
Controls size of lens - accommodation Pigmented portion - brown Non-pigmented - blue Contains two sets of muscles to contract and dilate pupil Circular hole through which light is admitted	When examination of interior of eyeball is necessary, certain drugs are used to increase size of pupil, or dilate pupil, to permit more light to enter eye. Other drugs can contract pupil when examination is completed.
Nerve layer, rods and cones, upon which images are recorded Nerves send messages to brain which interprets what eye has seen.	
In chamber in front of lens containing a watery solution	
Double convex shape which serves to bend light rays, focus image, so that rays come to point on retina to give clear picture of image	Cataract - with advancing age lens becomes cloudy, causing loss of sight
Semi-fluid albuminous tissue fills posterior bulb of eye	Glaucoma - increase in intraocular pressure causing pain and loss of vision

Structure	Function	Vocabu A
nerve supply optic nerve	Enters eyeball through an opening in back of eye which then becomes retina. This nerve carries images to brain to interpret what is seen.	Opening throug nerve ente optic disc. such as hyp from swolle may squeez causing im blindness.
ophthalmic nerve	Carries sensations of pain, touch, and temperature to brain	
EAR	Permits individual to hear his environment	Ear.......... Hearing......
external ear pinna - auricle external auditory canal tympanic membrane-ear drum	Consists of outer projection and canal into middle portions of ear. Pinna helps to collect sound waves into canal. Sound waves cause a vibration of tympanic membrane, - a thin tight membrane which separates the external ear from the middle ear	Skin lining c many wax (c which help t Sometimes th cumulation c might inter
middle ear ossicles - malleus, incus, stapes eustachian tube	Middle ear is a space which contains three small bones - ossicles. Ossicles receive vibrations from ear drum, turn vibrate and pass sound waves along to acoustic nerve.	Eustachian tu ear to thro Mastoiditis - mastoid pro Otitis media - fection may infection t ear.
inner ear cochlea vestibule	Through a small window in bony portion, sound waves are transmitted to acoustic nerve which carries this message to brain which then interprets sound.	
semicircular canals	Three semicircular canals are filled with fluid. Movement of this fluid helps to tell individual the position of his body in relationship to his environment - equilibrium.	Ménière's synd of semicirc ing vertigo

	Function	Vocabulary; Activities; Applications
	Enters eyeball through an opening in back of eye which then becomes retina. This nerve carries images to brain to interpret what is seen.	Opening through which optic nerve enters eyeball is called optic disc. In a condition such as hypertension, pressure from swollen blood vessels may squeeze optic nerve, causing impaired vision or blindness.
e	Carries sensations of pain, touch, and temperature to brain	
	Permits individual to hear his environment	Ear.....................oto- Hearing.................audio-, acoustic
e ry ne-	Consists of outer projection and canal into middle portions of ear. Pinna helps to collect sound waves into canal. Sound waves cause a vibration of tympanic membrane, - a thin tight membrane which separates the external ear from the middle ear	Skin lining canal contains many wax (ceruminous) glands which help to protect canal. Sometimes there is an accumulation of cerumen which might interfere with hearing.
eus, e	Middle ear is a space which contains three small bones - ossicles. Ossicles receive vibrations from ear drum, turn vibrate and pass sound waves along to acoustic nerve.	Eustachian tube connects middle ear to throat Mastoiditis - inflammation of mastoid process Otitis media - middle ear infection may be caused by throat infection traveling to middle ear.
	Through a small window in bony portion, sound waves are transmitted to acoustic nerve which carries this message to brain which then interprets sound.	
canals	Three semicircular canals are filled with fluid. Movement of this fluid helps to tell individual the position of his body in relationship to his environment - equilibrium.	Ménière's syndrome - involvement of semicircular canals causing vertigo

Structure	Function	Vocal
NOSE	Part of respiratory system. Sense organ for smell.	Nose....... Smelling.... Smell......
olfactory nerve	Smelling helps individual to protect himself if there are harmful gases. Odor reaches the olfactory nerve which sends a message to brain which then interprets the odor.	Smelling of g stimulate s helps indiv food. Sense of smel nected with
TONGUE	Located along edges of tongue are areas called taste buds. Taste sensations; sweet, sour, salt, and bitter.	
SKIN	Nerve endings called tactile nerves are located in various parts of skin. Tactile nerves communicate with brain to tell the individual how his environment feels. Tactile nerves located in fingers make them particularly sensitive to differences in texture.	Touch sensati temperature smoothness hardness or etc.
OTHER SENSES	Other senses whose nerve endings are distributed in wider areas of the body - pressure, pain, atmosphere, temperature , position of body and limbs	Pain........ Nerve endings located in m muscles - my neuralgia; et

Function	Vocabulary; Activities; Applications
Part of respiratory system. Sense organ for smell.	Nose...............rhin- Smelling...........olefactory Smell..............odor, aroma
Smelling helps individual to protect himself if there are harmful gases. Odor reaches the olfactory nerve which sends a message to brain which then interprets the odor.	Smelling of good food helps to stimulate appetite and also helps individual to enjoy his food. Sense of smell is closely connected with sense of taste.
Located along edges of tongue are areas called taste buds. Taste sensations: sweet, sour, salt, and bitter.	
Nerve endings called tactile nerves are located in various parts of skin. Tactile nerves communicate with brain to tell the individual how his environment feels. Tactile nerves located in fingers make them particularly sensitive to differences in texture.	Touch sensations temperature - heat or cold smoothness or roughness hardness or softness etc.
Other senses whose nerve endings are distributed in wider areas of the body - pressure, pain, atmosphere, temperature , position of body and limbs	Pain................ -algia Nerve endings for pain are located in many parts of body: muscles - myalgia; nerves - neuralgia; etc.

UNIT 8. ENDOCRINE SYSTEM

Gland	Location	Hormone	Probable Function	Abn Hyper
PITUITARY size of a pea	Sella Turcica base of brain	- - - - - - - - - -	Master gland	
anterior lobe		ACTH- - - - - - - -	Influences the adrenal cortex	Glycosuri
		STH - - - - - - - -	Influences growth of tissues	Gigantism- early li Acromegal adult li
		TSH - - - - - - - -	Influences growth of thyroid	
		Gonadotrophic hormone	Influences gonadal function	
posterior lobe		ADH - - - - - - - -	Antidiuretic - controls water reabsorption in distal kidney tubule	
THYROID	Front of trachea	Thyroxin - contains iodine	Influences rate of oxidation in body	Grave's d exophtha goiter
PARATHYROID 4 glands	Adjacent to thyroid	Parathormone	Regulates blood calcium level	Muscular ness hig blood ca

UNIT 8. ENDOCRINE SYSTEM

tion	Hormone	Probable Function	Abnormalities Hyper	 Hypo
Turcica of brain	- - - - - - - - - -	Master gland		
	ACTH-	Influences the adrenal cortex	Glycosuria	Polyuria
	STH	Influences growth of tissues	Gigantism-early life Acromegaly-adult life	Dwarfism-early life Simmond's Disease - adult life
	TSH	Influences growth of thyroid		
	Gonadotrophic hormone	Influences gonadal function		Depressed sexual function
	ADH	Antidiuretic - controls water reabsorption in distal kidney tubule		Diabetes Insipidus
of chea	Thyroxin - contains iodine	Influences rate of oxidation in body	Grave's disease-exophthalmic goiter	Cretinism-early life Myxedema-adult life
cent to roid	Parathormone	Regulates blood calcium level	Muscular weakness high blood calcium	Removal results in tetany

Gland	Location	Hormone	Probable Function	Abnor
				Hyper
THYMUS 2 lobes	Upper chest cavity Behind sternum		Promotes lymphocytes to produce a substance which functions as an antibody Regresses after puberty	
ADRENAL 2 glands	Above and in front of kidney		Influences lymphoid tissue and sexual organs Influences fat, carbohydrate, protein metabolism	
cortex: outer		Glucocorticoids Mineralo-corticoids	Regulates electrolyte and water balance	Cushing's syn
medulla: inner		Epinephrine - Adrenalin	Response in times of stress - increases blood supply and output of glucose from liver Raises blood pressure	
		Norepinephrine	Raises blood pressure, vasoconstriction	
GONADS Female - Ovaries 2 glands	Each side of pelvis	Estrogen	Maturity of reproductive organs	Precocious pu erty
		Progesterone	Assist in implantation of ovum	

ation	Hormone	Probable Function	Abnormalities	
			Hyper	Hypo
chest ity sternum		Promotes lymphocytes to produce a substance which functions as an antibody		Failure to produce antibodies
		Regresses after puberty		
		Influences lymphoid tissue and sexual organs		
and in of kidney		Influences fat, carbohydrate, protein metabolism		
	Glucocorticoids Mineralo-corticoids	Regulates electrolyte and water balance	Cushing's syndrome	Addison's disease: poor response to stress
	Epinephrine - Adrenalin	Response in times of stress - increases blood supply and output of glucose from liver Raises blood pressure		
	Norepinephrine	Raises blood pressure, vasoconstriction		
side of vis	Estrogen	Maturity of reproductive organs	Precocious puberty	Delayed menstruation; faulty development of gonadal organs
	Progesterone	Assist in implantation of ovum		

Gland	Location	Hormone	Probable Function	Abnor
				Hyper
Male-Testes 2 glands	Scrotum	Testosterone	Influences secondary sex characteristics	
PANCREAS				
Islets of Langerhans		Insulin	Utilizes glucose of blood	Low blood sugar
compound gland	Scattered throughout pancreas		Assists in synthesis of glycogen and its storage	

ation	Hormone	Probable Function	Abnormalities	
			Hyper	Hypo
otum	Testosterone	Influences secondary sex characteristics		Obesity after castration
	Insulin	Utilizes glucose of blood	Low blood sugar	Diabetes Mellitus
tered oughout ncreas		Assists in synthesis of glycogen and its storage		

Growth and Development

INTRODUCTION

The course of study in Growth and Development is designed to give the student a knowledge and understanding of normal growth and developmental patterns from birth through senescence. An understanding of such patterns is essential in caring for the sick.

Opportunity to learn, through first-hand experience, about the behavior of young children in a nursery school may be provided by the public school or a community agency.

OBJECTIVES

To understand the meaning of the p
growth in relation to human change
mental, emotional, and social.

To acquire knowledge about normal c
each of the designated developmenta

To consider protective mechanisms w
a part of behavior patterns.

To learn how persons adjust to livi
families, peer groups, and communit

To understand why maladjustments oc
they affect the normal growth patte

Growth and Development

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ve the student a knowledge and
normal growth and developmental
th through senescence. An under-
patterns is essential in caring

to learn, through first-hand
the behavior of young children
ol may be provided by the public
nity agency.

OBJECTIVES

To understand the meaning of the pattern of growth in relation to human change: physical, mental, emotional, and social.

To acquire knowledge about normal changes in each of the designated developmental periods.

To consider protective mechanisms which become a part of behavior patterns.

To learn how persons adjust to living in families, peer groups, and community groups.

To understand why maladjustments occur and how they affect the normal growth pattern.

STUDY OUTLINE - GROWTH AND DEVELOPMENT

Adaptation to Specific Age Groups Should be Made

- Physical growth and development
  - height and weight
  - body proportion
  - bony structure
  - teeth
  - sensory system
  - sexual differences

- Physical needs
  - food
  - clothing
  - sleep
  - personal hygiene
  - exercise
  - leisure-time activity
  - medical supervision
  - family group - love, acceptance, security

- Learning body control and developing skills
  - the pattern of development
  - readiness
  - skills at a specific age level
    - large muscle (crude skills)
    - small muscle (finer skills)
    - communication
    - attitudes
  - toilet training
  - acquiring independence
  - safety - environment

- Social growth and development
  - family group
  - sexual awareness
  - peer group
  - discipline

- Why people behave as they do
  - imitation
  - reaction to physical needs
  - awareness of activity needs
  - awareness of sensory needs
  - fulfillment of emotional needs

- Emotional growth and development
  - definition of terms
  - types of emotions as they emerge
  - control of emotions
  - positive emotional health

- Behavior problems
  - normal behavior pattern - recogni
  - non-conformance to normal pattern
    - causes
    - symptoms
    - re-education

- Mental growth and development
  - genetic influence
  - effects of environment
  - education
    - planned
    - guided
    - goals

- Play: values derived
  - defined
  - kinds
    - exploratory
    - dramatic
    - participating
    - competitive
    - spectator
  - characteristics of play
    - solitary
    - parallel
    - team
  - setting the stage for play
  - values

STUDY OUTLINE - GROWTH AND DEVELOPMENT

Adaptation to Specific Age Groups Should be Made

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- Why people behave as they do
  - imitation
  - reaction to physical needs
  - awareness of activity needs
  - awareness of sensory needs
  - fulfillment of emotional needs

- Emotional growth and development
  - definition of terms
  - types of emotions as they emerge - recognition
  - control of emotions
  - positive emotional health

- Behavior problems
  - normal behavior pattern - recognition of signs
  - non-conformance to normal pattern
    - causes
    - symptoms
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- Mental growth and development
  - genetic influence
  - effects of environment
  - education
    - planned
    - guided
    - goals

- Play; values derived
  - defined
  - kinds
    - exploratory
    - dramatic
    - participating
    - competitive
    - spectator
  - characteristics of play
    - solitary
    - parallel
    - team
  - setting the stage for play
  - values

UNIT 1. PATTERN OF GROWTH

Topic	Content Development	Applic
Introduction to Growth and Development	Development follows a general pattern is continuous occurs at different rates for different parts of the body occurs at different rates for different individuals Understanding normal growth and development helps in knowing when to present more complex experiences to encourage progress knowing how to meet the expanding needs and interests recognizing normal and abnormal patterns of development	Observe children school, day c garten, etc.
Classification of Growth Periods	Prenatal period - conception to birth characteristics at birth Apgar evaluation scale	Review prenatal g
	Developmental Tasks - Life Cycles Infancy - newborn to 1½ years oralsensory - general growth patterns during the period of infancy	Observe newborn b
	Muscle training 1½ to 2½ years (toddler) oralmuscular - second development period - toilet training	Observe habits of and toilet tra

UNIT 1. PATTERN OF GROWTH

Content Development	Application
Development follows a general pattern is continuous occurs at different rates for different parts of the body occurs at different rates for different individuals Understanding normal growth and development helps in knowing when to present more complex experiences to encourage progress knowing how to meet the expanding needs and interests recognizing normal and abnormal patterns of development	Observe children in a nursery school, day care center, kindergarten, etc.
Prenatal period - conception to birth characteristics at birth Apgar evaluation scale	Review prenatal growth patterns
Developmental Tasks - Life Cycles Infancy - newborn to $1\frac{1}{2}$ years oralsensory - general growth patterns during the period of infancy	Observe newborn behavior in nursing
Muscle training $1\frac{1}{2}$ to $2\frac{1}{2}$ years (toddler) oralmuscular - second development period - toilet training	Observe habits of dressing, eating, and toilet training toddler

Topic	Content Development	Applicat
Classification of Growth Periods	Family triangle 2½ to 6 years (nursery school) locomotor - genital - increase awareness of his own body. Difference between boys' and girls' bodies marked.	
	Latency - 6 years to puberty - great activity and accomplishment in intellectual and social spheres	Report on social g
	Puberty - 11, 12, 13, 14 years - heightened hormonal activity, particularly gonadal review menstruation and nocturnal emission	
	Adolescence - puberty to 18 to 20 years - shifting point of view toward parents and cultural traditions	Report on dating, tural pressures
	Maturity (including parenthood) - affords basis for a comfortable and worthwhile life	Describe an adult to be emotional
	Involution - period of hormonal alterations within the gonads - are the reverse of those occurring at puberty	
	Senescense - "The heads of strong old age are beautiful. Beyond all grace of youth. They have strange, quiet integrity, health, soundness, to the full, they've dealt with life and been tempered by it." Robinson Jeffers	

Content Development	Application
Family triangle 2½ to 6 years (nursery school) locomotor - genital - increase awareness of his own body. Difference between boys' and girls' bodies marked.	
Latency - 6 years to puberty - great activity and accomplishment in intellectual and social spheres	Report on social grouping - "gang"
Puberty - 11, 12, 13, 14 years - heightened hormonal activity, particularly gonadal review menstruation and nocturnal emission	
Adolescence - puberty to 18 to 20 years - shifting point of view toward parents and cultural traditions	Report on dating, reaction to cultural pressures
Maturity (including parenthood) - affords basis for a comfortable and worthwhile life	Describe an adult that you consider to be emotionally mature
Involution - period of hormonal alterations within the gonads - are the reverse of those occurring at puberty	
Senescense - "The heads of strong old age are beautiful. Beyond all grace of youth. They have strange, quiet integrity, health, soundness, to the full, they've dealt with life and been tempered by it." Robinson Jeffers	

UNIT 2. PRENATAL PERIOD

Topic	Content Development	Applica
Prenatal Period Conception to Birth	Review structure and function of male reproductive system female reproductive system	Use anatomical ch skeleton, to l organs
	Process of conception	Note development Dickinson mode
	Developing fetus physical changes physical needs	
	Importance of medical supervision of mother first visit to doctor complete physical examination doctor's instructions to mother regular visits to supervising medical service	Visit classes for auspices of Am prenatal clini
	Heredity, genetic, problems discuss birth defects cleft palate diabetes hemophilia PKU results of LSD	Visit a pediatric
	Delivery of newborn hospital care - advantages home delivery - problems routines - care of eyes, cord, etc. safety precautions emergencies - home - hospital	Visit an obstetric

UNIT 2. PRENATAL PERIOD

Content Development	Application
Review structure and function of male reproductive system female reproductive system	Use anatomical charts, torso, skeleton, to locate reproductive organs
Process of conception	Note development of fetus using Dickinson models
Developing fetus physical changes physical needs	
Importance of medical supervision of mother first visit to doctor complete physical examination doctor's instructions to mother regular visits to supervising medical service	Visit classes for parents-to-be under auspices of American Red Cross or prenatal clinics
Heredity, genetic, problems discuss birth defects cleft palate diabetes hemophilia PKU results of LSD	Visit a pediatric clinic
Delivery of newborn hospital care - advantages home delivery - problems routines - care of eyes, cord, etc. safety precautions emergencies - home - hospital	Visit an obstetrical service

Topic	Content Development	Applicati
Prenatal Period Conception to Birth	Evaluation of newborn on the Apgar scale characteristics of newborn height weight bone development position - Moro reflex relative size of parts of body	Observe newborn View charts films on newbor
	Atypical child drug-addicted infant, LSD - chromosome defect anomalies due to rubella causes symptoms treatment nursing care prevention	View films and ill atypical child Visit clinics and newborn units o
	Unwed mother psychological factors - what contributes toward problem of the "unwed mother" care of unwed mother physical psychological social - support of mother and newborn education - training for future employment - family planning	View films on unwe
	problems of newborn	Visit adoption age
	Mental health assistance to unwed father age of unwed father pattern of behavior acceptance of responsibility guilt treatment agencies	

Content Development	Application
Evaluation of newborn on the Apgar scale	Observe newborn
characteristics of newborn	
height	View
weight	charts
bone development	films on newborn
position - Moro reflex	
relative size of parts of body	
Atypical child	View films and illustrations of atypical child
drug-addicted infant, LSD - chromosome defect	
anomalies due to rubella	Visit clinics and pediatric or newborn units of hospital
causes	
symptoms	
treatment	
nursing care	
prevention	
Unwed mother	View films on unwed mothers
psychological factors - what contributes toward problem of the "unwed mother"	
care of unwed mother	
physical	
psychological	
social - support of mother and newborn	
education - training for future employment - family planning	
problems of newborn	Visit adoption agencies
Mental health assistance to unwed father	
age of unwed father	
pattern of behavior	
acceptance of responsibility	
guilt	
treatment agencies	

UNIT. 3 NEWBORN

Topic	Content Development	Appli
Newborn	Discuss characteristics of newborn growth follows a definite pattern with individual variation in rate, size, etc.	
	physical growth and development	
	characteristics at birth	Review developm
	height - 19 to 21½ inches weight - 6 lbs. to 8½ lbs. - girls generally weigh a little less than boys	View pictures s newborn
	shape and size of head - causes of moulding hematoma fontanels - number, location, age at which they close	
	sensory system - reflexes which appear at birth ability to taste and smell seeing develops - begins as a blur or only light and dark reacts to loud noises, but does not interpret what he hears independent functioning of respiratory, circulatory and digestive systems	Observe newborn
		View charts of prenatal and
	umbilical cord - dangers of hemorrhage	
	muscular - skeletal system flexible skeleton - lack of muscle coordination movements are random and uncoordinated stretches, sucks, makes faces freedom of movement	Observe child f bath or feedi

UNIT. 3 NEWBORN

Content Development	Application
Discuss characteristics of newborn growth follows a definite pattern with individual variation in rate, size, etc.	
physical growth and development	
characteristics at birth height - 19 to 21½ inches	Review development of bone
weight - 6 lbs. to 8½ lbs. - girls generally weigh a little less than boys shape and size of head - causes of moulding hematoma fontanels - number, location, age at which they close	View pictures and charts of the newborn
sensory system - reflexes which appear at birth ability to taste and smell seeing develops - begins as a blur or only light and dark reacts to loud noises, but does not interpret what he hears	Observe newborn
independent functioning of respiratory, circulatory and digestive systems	View charts of circulatory system - prenatal and postnatal
umbilical cord - dangers of hemorrhage	
muscular - skeletal system flexible skeleton - lack of muscle coordination movements are random and uncoordinated stretches, sucks, makes faces freedom of movement	Observe child for motion during bath or feeding

Topic	Content Development	Applica
Newborn	nervous system reflexes at birth: winking, sneezing, sucking, groping cries - swallows moro reflex sleep reproductive system genitals are undeveloped at birth problems - male - circumcision female - blood-tinged mucus - vaginal discharge	
	Physical needs	
	feeding the infant breast advantages technique contra-indication bottle feeding - supplementary feeding	View films and fa in discussion
	vitamins, supplementary foods	Plan - daily sche care
	bathing infant - care of the skin when how sleep physical environment sleep pattern	
	clothing soft, washable, proper size adequate supply for cleanliness equipment needed acceptance of the child by family in our society parents and grandparents sister and brother tender, loving care - need for feelings of love, affection, security and being wanted	Observe hospital use

Content Development	Application
nervous system	
reflexes at birth: winking, sneezing, sucking, groping	
cries - swallows	
moro reflex	
sleep	
reproductive system	
genitals are undeveloped at birth	
problems -	
male - circumcision	
female - blood-tinged mucus - vaginal discharge	
Physical needs	
feeding the infant	View films and family experience in discussion of infant feeding
breast	
advantages	
technique	
contra-indication	
bottle feeding - supplementary feeding	
vitamins, supplementary foods	Plan - daily schedule for infant care
bathing infant - care of the skin	
when	
how	
sleep	
physical environment	
sleep pattern	
clothing	Observe hospital layette, care and use
soft, washable, proper size	
adequate supply for cleanliness	
equipment needed	
acceptance of the child by family in our society	
parents and grandparents	
sister and brother	
tender, loving care - need for feelings of love, affection, security and being wanted	

Topic	Content Development	Applic
Newborn	handle child gently and speak softly personal hygiene of person caring for the well child hand washing washable clothes worn protection against transmitting colds, etc.	

Content Development	Application
handle child gently and speak softly personal hygiene of person caring for the well child hand washing washable clothes worn protection against transmitting colds, etc.	

UNIT 4. INFANCY TO ONE-AND-A-HALF YEARS

Topic	Content Development	Applic
Infancy to One-and-A-Half Years	Discuss changes from infancy to six months tender, loving care is necessary for a healthy personality "Each baby develops at his own rate. Although growth is continuous there are slow and rapid periods."	Observe and disc in the family
	significance of disproportion of child's body in terms of sitting walking muscular control	Observe movement Observe position sitting, stan etc.
	At one-and-a-half years our child: triples birth weight 50% increase in height gains control of head, hands, and feet, which includes standing, broad-based walking, drinking from a cup, using a spoon understands spoken language and speaks words	
	physical needs sleep requirements - one long nap daily	
	sleep problems: thumbsucking, enuresis	Observe sleep pa
	food - interest in eating dwindles - variety should be offered	
	good nutrition essential to good bone, teeth, and nerve development	View films on fo preparation a
	clothing should be loose, washable, and clean	

UNIT 4. INFANCY TO ONE-AND-A-HALF YEARS

Content Development	Application
Discuss changes from infancy to six months tender, loving care is necessary for a healthy personality	Observe and discuss newborn baby in the family group
"Each baby develops at his own rate. Although growth is continuous there are slow and rapid periods."	
significance of disproportion of child's body in terms of sitting walking muscular control	Observe movements of children Observe positions children assume sitting, standing, lying down, etc.
At one-and-a-half years our child: triples birth weight 50% increase in height gains control of head, hands, and feet, which includes standing, broad-based walking, drinking from a cup, using a spoon understands spoken language and speaks words	
physical needs sleep requirements - one long nap daily	
sleep problems: thumbsucking, enuresis	Observe sleep patterns
food - interest in eating dwindles - variety should be offered	
good nutrition essential to good bone, teeth, and nerve development	View films on food and formula preparation and feeding
clothing should be loose, washable, and clean	

Topic	Content Development	Applic
Infancy to One-and-A-Half Years	exercise - solitary play in open air. child should be guarded against injury - he is curious and explores	Observe children park
	medical supervision under supervision of pediatrician or well-baby clinic	
	program of immunization is part of supervision	Visit well-baby
		Read immunizatio
	Emotional and social needs why people behave as they do imitative - repeats acts that bring about a response imitation of the family group friendly trusts people around him	Explain why expe within level to accomplish
	shows emotions and reacts to those emotions in adults fear anger jealousy needs a feeling of love, acceptance, and security needs to explore his immediate environment - is very curious	Observe temper t to frustration perform above

Content Development	Application
exercise - solitary play in open air. child should be guarded against injury - he is curious and explores	Observe children at play in the park
medical supervision under supervision of pediatrician or well-baby clinic	
program of immunization is part of supervision	Visit well-baby clinic Read immunization record
Emotional and social needs	
why people behave as they do imitative - repeats acts that bring about a response imitation of the family group friendly trusts people around him	Explain why expectations should be within level of child's ability to accomplish
shows emotions and reacts to those emotions in adults fear anger jealousy needs a feeling of love, acceptance, and security needs to explore his immediate environment - is very curious	Observe temper tantrum of child due to frustration if required to perform above his level of ability

UNIT 5. TODDLER

Topic	Content Development	Appl
Toddler: 1½ - 2½ Years	Discuss changes and needs of toddler physical growth and development characteristics 26 - 28 lbs. in weight; 3 - 5 lbs. per year 33 inches height; 3 - 5 inches per year 16 teeth at 1½; has 20 at 2½ throws a ball, builds a tower of blocks, jumps and prances about	
	physical needs sleep - tries to postpone bedtime, climbs out of crib feeds himself quite well - appetite fluctuates needs a safe area for outdoor play no longer a completely dependent person behavior not consistent stress safe environment	Observe child park
	social growth and development dawdles is negative and unreasonable- needs discipline says "No" frequently; temper tantrums enjoys stories and music	Observe relat peer group
	imitative play, has trouble sharing, emotions fluctuate; parallel play establishes controls for himself finds socially acceptable outlets for his behavior	Observe varie
	talks in short sentences need for an appreciative audience to develop speech patterns must learn to listen	Keep diary of and behavi

UNIT 5. TODDLER

Content Development	Application
2½ Discuss changes and needs of toddler physical growth and development characteristics 26 - 28 lbs. in weight; 3 - 5 lbs. per year 33 inches height; 3 - 5 inches per year 16 teeth at 1½; has 20 at 2½ throws a ball, builds a tower of blocks, jumps and prances about	
physical needs sleep - tries to postpone bedtime, climbs out of crib feeds himself quite well - appetite fluctuates needs a safe area for outdoor play no longer a completely dependent person behavior not consistent stress safe environment	Observe children at play in the park
social growth and development dawdles is negative and unreasonable- needs discipline	
says "No" frequently; temper tantrums enjoys stories and music	Observe relationship to parents and peer group
imitative play, has trouble sharing, emotions fluctuate; parallel play establishes controls for himself	
finds socially acceptable outlets for his behavior	Observe varied discipline practices
talks in short sentences need for an appreciative audience to develop speech patterns must learn to listen	Keep diary of child's speech and behavior

Topic	Content Development	Applicat
Toddlers: 1½ - 2½ Years	"ego formation"is more advanced, develops a mind of own; toilet training	
	muscle training; natural pleasure in excreting and in excrements	
	impulses of child and wishes of parent often in opposition	
	child considers it a loss of freedom - rather than gain	
	parental attitudes and child guilt	
	no set way, methods vary	Describe trai that establ
	needs adult approval for success	
	affection should not be withheld when failure occurs	
	regression in stress situation	

Content Development	Application
"ego formation"is more advanced, develops a mind of own; toilet training	
muscle training; natural pleasure in excreting and in excrements	
impulses of child and wishes of parent often in opposition	
child considers it a loss of freedom - rather than gain	
parental attitudes and child guilt	
no set way, methods vary	Describe training devices that establish security
needs adult approval for success	
affection should not be withheld when failure occurs	
regression in stress situation	

UNIT 6. PRESCHOOL CHILD

Topic	Content Development	Applicat
Preschool Child: 2½ - 6 years	Discuss changes from 2½ - 6 years of age	
	Physical growth and development	
	marked slowing down of growth process	
	appetite fluctuates	
	good control of muscles	
	participates in vigorous play activities	
	speaks in full sentences	
	increased awareness of differences in external sexual organs	
	care of self by age of six	
	Physical needs	
	clothing - imitation is very important; dressing and undressing	
	care of teeth - begin regular six-month visits to dentist	Study chart of
	should bathe and wash with supervision from mother	
	toileting - responsible for toilet control at 6 years	
	still needs parental supervision	
	Learning body control	Observe childre
	skills - at five	
	he rides a bicycle	
	he talks constantly - imitative; may use bad language	Listen for spee stuttering
	plays games governed by rules - hurries and plays hard	
	should be encouraged to develop motor skills - accidents a major threat	

UNIT 6. PRESCHOOL CHILD

Content Development	Application
Discuss changes from $2\frac{1}{2}$ - 6 years of age	
Physical growth and development	
marked slowing down of growth process	
appetite fluctuates	
good control of muscles	
participates in vigorous play activities	
speaks in full sentences	
increased awareness of differences in external sexual organs	
care of self by age of six	
Physical needs	
clothing - imitation is very important; dressing and undressing	
care of teeth - begin regular six-month visits to dentist	Study chart of deciduous teeth
should bathe and wash with supervision from mother	
toileting - responsible for toilet control at 6 years	
still needs parental supervision	
Learning body control	Observe children at play
skills - at five	
he rides a bicycle	
he talks constantly - imitative; may use bad language	Listen for speech disorders; e.g., stuttering
plays games governed by rules - hurries and plays hard	
should be encouraged to develop motor skills - accidents a major threat	

Topic	Content Development	Applicati
Preschool Child: 2½ - 6 Years	Social growth and development family triangle	
	romantic attachment to parent of opposite sex - begins to identify with parent of same sex	Relate basic drives thoughts, desires
	developing "ego"	
	sense of guilt - curiosity concerning sex continues to heighten; feelings of guilt about sex awareness; e.g., masturbation, castration fears	Define id, ego, supe
	discipline established; continues warm relationship with parents	
	seriousness of act and not child must determine penalty for breech in discipline	
	behavior problems jealousy bad language	
	Description of nursery school definition - educational institution for a child from 2½ - 6 years of age	Locate and visit an school
	physical environment rooms equipment outdoor play sleep eating	Diagram an ideal nu
	personnel - standards	
	parent and school	
	school program - safety of child age and physical requirement of child	Use "study outline" child
	prophylaxis	
	check child's records for booster injections	Check child's record injections
	daily inspection	
	x-ray	

Content Development	Application
Social growth and development	
family triangle	
romantic attachment to parent of opposite sex - begins to identify with parent of same sex	Relate basic drives to behavior, thoughts, desires
developing "ego"	
sense of guilt - curiosity concerning sex continues to heighten; feelings of guilt about sex awareness; e.g., masturbation, castration fears	Define id, ego, superego
discipline established; continues warm relationship with parents	
seriousness of act and not child must determine penalty for breech in discipline	
behavior problems	
jealousy	
bad language	
Description of nursery school	Locate and visit an ideal nursery school
definition - educational institution for a child from 2½ - 6 years of age	
physical environment	Diagram an ideal nursery school
rooms	
equipment	
outdoor play	
sleep	
eating	
personnel - standards	
parent and school	
school program - safety of child	Use "study outline" for observing child
age and physical requirement of child	
prophylaxis	
check child's records for booster injections	Check child's records for booster injections
daily inspection	
x-ray	

Topic	Content Development	Application
Preschool Child: 2½ - 6 years	problems of adjustment to school routine - a big step toward independence	
	preschool education for deprived child in areas of goals personnel programs results - immediate and future	Panel discussion - nee school education fo child
	continuing education home program transition to elementary school	

Content Development	Application
problems of adjustment to school routine - a big step toward independence	
preschool education for deprived child in areas of goals personnel programs results - immediate and future	Panel discussion - need for preschool education for deprived child
continuing education home program transition to elementary school	

UNIT 7. LATENCY PERIOD

Topic	Content Development	Applic
Latency Period: 6 - 10 Years	Discuss physical growth and development	Observe activiti
	Changes in growth patterns from year (6 - 10 years)	
	growth is slow until spurt directly before puberty	
	weight gains more rapid than height	
	muscular coordination is improved	
	lymphatic tissue becomes highly developed	
	6-year molar - first permanent teeth	
	Physical needs	Show films on gr
	accepts more responsibility for personal hygiene	
	girls more concerned about physical appearance than boys	Plan program for supervision
	clothing simple in design and durable - appropriate all-weather clothing	
	sleep is restless	
	eating habits are basically good	
	Learning body control and developing skills	
	a thirst for knowledge	
	uses skill and knowledge to master activities he enjoys	
	Social growth and development	Report - How to
	cooperates with others and participates in group activities of peers - "gangs"	Survey activitie
	identifies himself with parent of same sex	
	attitudes about self are affected by his family's acceptance of him	

UNIT 7. LATENCY PERIOD

Content Development	Application
Discuss physical growth and development	Observe activities of this child
Changes in growth patterns from year (6 - 10 years) growth is slow until spurt directly before puberty weight gains more rapid than height muscular coordination is improved lymphatic tissue becomes highly developed 6-year molar - first permanent teeth	
Physical needs accepts more responsibility for personal hygiene	Show films on grooming
girls more concerned about physical appearance than boys clothing simple in design and durable - appropriate all-weather clothing sleep is restless eating habits are basically good	Plan program for health and dental supervision
Learning body control and developing skills a thirst for knowledge uses skill and knowledge to master activities he enjoys	
Social growth and development	Report - How to open savings account
cooperates with others and participates in group activities of peers - "gangs" identifies himself with parent of same sex attitudes about self are affected by his family's acceptance of him	Survey activities in community

Topic	Content Development	Applicat
Latency Period: 6 - 10 Years	needs approval for tasks well done and a minimum of criticism - participates in planning family activities and budgets allowance and earnings needs information and reassurance in advance about changes that will take place in their bodies at puberty Sex education	

Content Development	Application
needs approval for tasks well done and a minimum of criticism - participates in planning family activities and budgets allowance and earnings	
needs information and reassurance in advance about changes that will take place in their bodies at puberty	
Sex education	

UNIT 8. PUBERTY

Topic	Content Development	Applicat
Puberty: 11-14	Discuss changes during puberty	View films on adole
	Physical growth and development	
	growth is slow until spurt directly before puberty	Use height - weight
	weight gains more rapid than gains in height	Compare height - we for self
	muscular coordination is improved	
	vital signs are near those of adult	
	physical changes indicating puberty may appear - explain oestral cycle	
	interest in body and aware of growing up	
	aware of opposite sex	
	Physical needs	Take personal healt
	should accept more responsibility for personal hygiene and good grooming	
	medical supervision	
	adequate sleep and rest	
	balanced diet for age level	
	Sound emotional development	View films
	intense, observant, all-knowing, energetic, meddlesome, and argumentative	family relations peer relations
	many worries and daydreams	
	overactive	
	"Gangs" are still important	
	tends to ignore opposite sex but is aware of them	
	needs recognition that he is no longer a baby	
	child identifies himself with parent of same sex	

UNIT 8. PUBERTY

Content Development	Application
Discuss changes during puberty Physical growth and development growth is slow until spurt directly before puberty weight gains more rapid than gains in height muscular coordination is improved vital signs are near those of adult physical changes indicating puberty may appear - explain oestral cycle interest in body and aware of growing up aware of opposite sex	View films on adolescence Use height - weight charts Compare height - weight record f[illegible] self
Physical needs should accept more responsibility for personal hygiene and good grooming medical supervision adequate sleep and rest balanced diet for age level	Take personal health inventory
Sound emotional development intense, observant, all-knowing, energetic, meddlesome, and argumentative many worries and daydreams overactive "Gangs" are still important tends to ignore opposite sex but is aware of them needs recognition that he is no longer a baby child identifies himself with parent of same sex	View films family relations peer relations

Topic	Content Development	Applicat
Puberty: 11-14		
	Mental growth and development	
	thirst for knowledge	
	admires teachers and adult companions	
	uses skill and knowledge to master activities most enjoyed - hobbies	
	aware of parents as human beings who can make mistakes	Report on family a
	makes decisions concerning careers	Survey careers ava

Content Development	Application
Mental growth and development	
thirst for knowledge	
admires teachers and adult companions	
uses skill and knowledge to master activities most enjoyed - hobbies	
aware of parents as human beings who can make mistakes	Report on family activities
makes decisions concerning careers	Survey careers available

UNIT 9. ADOLESCENCE

Topic	Content Development	Applicat
Adolescence: Puberty to 18-20 Years	Discuss changes from puberty through adolescence	Use charts to revi endocrine syste reproductive sy
	Physical growth and development puberty - age at which reproductive organs become functional and secondary sex characteristics develop hormonal changes affect both physical and emotional development general appearance tends to be awkward, long-legged and gangling skin greasy, acne common menarche - first menstrual period	
	Physical needs self-sufficient in respect to personal grooming follows group standards of dress nutrition - needs three well balanced meals a day food should aid in development of bones and muscles need for good eating habits restrict in-between meal snacks watch overweight, underweight, crash dieting, skin hygiene sleep: 8 - 9 hours needed exhaustion occurs due to lack of realization of need for rest sufficient rest and proper nutrition contribute to general well-being	Chart daily person
	periodic dental and physical examination	Submit proof of re physical examin

UNIT 9. ADOLESCENCE

Content Development	Application
Discuss changes from puberty through adolescence	Use charts to review endocrine system - hormones reproductive system
Physical growth and development puberty - age at which reproductive organs become functional and secondary sex characteristics develop hormonal changes affect both physical and emotional development general appearance tends to be awkward, long-legged and gangling skin greasy, acne common menarche - first menstrual period	
Physical needs self-sufficient in respect to personal grooming follows group standards of dress nutrition - needs three well balanced meals a day food should aid in development of bones and muscles need for good eating habits restrict in-between meal snacks watch overweight, underweight, crash dieting, skin hygiene sleep: 8 - 9 hours needed exhaustion occurs due to lack of realization of need for rest sufficient rest and proper nutrition contribute to general well-being	Chart daily personal hygiene routines
periodic dental and physical examination	Submit proof of regular dental and physical examinations

Topic	Content Development	Applicatio
Adolescence: Puberty to 18-20 Years	Social growth and development	
	girls more mature than boys	
	desire for independence is intense	
	values opinion of his peers	
	has a "need for belonging" and recognition as an important member of the family	
	understanding of male and female roles in society	Role-play - do a ski male and female r
	management of money	
		Review a variety of
	Emotional growth	
	worries - has difficulty in expressing his feelings of insecurity, rejection, and often guilt	Role-playing School problems Social problems Home problems
	bizarre reaction to worries	
	daydreams are normal and natural for this group	
	helps to fill void in a lonely, inbetween age	
	forms fan clubs and gets "crushes"	
	all of the above manifestations are natural and useful to child in his search for self-discovery	
	dating - set stage so that children can learn to be comfortable with the appropriate sex	
	choosing a career - should choose his work of his own free will	
	Social problems	View films appropria
	drinking	
	smoking	Use pamphlets, bookl for reports on so
	drug abuse	
	pre-marital relations	
	venereal disease	

Content Development	Application
Social growth and development	
girls more mature than boys	
desire for independence is intense	
values opinion of his peers	
has a "need for belonging" and recognition as an important member of the family	
understanding of male and female roles in society	Role-play - do a skit depicting male and female roles in society
management of money	Review a variety of budgeting forms
Emotional growth	
worries - has difficulty in expressing his feelings of insecurity, rejection, and often guilt	Role-playing School problems Social problems Home problems
bizarre reaction to worries	
daydreams are normal and natural for this group	
helps to fill void in a lonely, inbetween age	
forms fan clubs and gets "crushes"	
all of the above manifestations are natural and useful to child in his search for self-discovery	
dating - set stage so that children can learn to be comfortable with the appropriate sex	
choosing a career - should choose his work of his own free will	
Social problems	View films appropriate to each area
drinking	
smoking	Use pamphlets, booklets for reports on social problems
drug abuse	
pre-marital relations	
venereal disease	

Topic	Content Development	Applic
Adolescence: Puberty to 18-20 Years	Social problems - In each area discussion could follow this suggested outline defining problem defining terms contributing causes prevention responsibility of self responsibility of parents responsibility of community awareness of changes in appearance developing one's potential	
	Emotional growth and development self-conscious over-sensitive - appearance, abilities	
	Special problems of emerging adult relationship to parents mother and dependent child father and his position in home relationship to siblings relationship to peer groups relationship to community safety and driving a car establishment of adolescent clinics need for a sound philosophy of life polarization of goals	

Content Development | Application

erty

Social problems -
In each area discussion could follow this suggested outline
- defining problem
- defining terms
- contributing causes
- prevention
- responsibility of self
- responsibility of parents
- responsibility of community
- awareness of changes in appearance
- developing one's potential

Emotional growth and development
- self-conscious
- over-sensitive - appearance, abilities

Special problems of emerging adult
- relationship to parents
  - mother and dependent child
  - father and his position in home
- relationship to siblings
- relationship to peer groups
- relationship to community
- safety and driving a car
- establishment of adolescent clinics
- need for a sound philosophy of life
- polarization of goals

UNIT 10. MATURITY

Topic	Content Development	Applicat
Maturity	Discuss changes of maturity	
	Physical growth and development	
	physical growth ceases	
	a slow and barely perceptible decline in many physical abilities begins	
	body and general appearance no longer change quickly	
	early marriage may not coincide with height of sexual vigor	Debate - relations marriage
	position sense and speed of reaction reach their peak between ages of twenty and thirty	
	Intellectual development and behavioral patterns	
	learning takes place most rapidly during later teens and early twenties	
	after this age, a gradual loss of speed of learning	
	establishing oneself as an independent individual in an adult manner	
	establishing oneself financially; continuing education	
	building a strong mutual affection bond with a "possible" marriage partner	
	adopting an adult patterned set of social values by learning a new peer code	Visit colleges
	developing judgmental skills in evaluating moral codes	Visit industry
	choosing an occupation; education on job	
	learning appropriate outlets for sexual drives	
	formulating a workable belief and value system	
	achieving potential in areas of careers, physical development, and marriage relationships	

UNIT 10. MATURITY

Content Development	Application
Discuss changes of maturity	
Physical growth and development	
physical growth ceases	
a slow and barely perceptible decline in many physical abilities begins	
body and general appearance no longer change quickly	
early marriage may not coincide with height of sexual vigor	Debate - relationship of age to marriage
position sense and speed of reaction reach their peak between ages of twenty and thirty	
Intellectual development and behavioral patterns	
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adopting an adult patterned set of social values by learning a new peer code	Visit colleges
developing judgmental skills in evaluating moral codes	Visit industry
choosing an occupation; education on job	
learning appropriate outlets for sexual drives	
formulating a workable belief and value system	
achieving potential in areas of careers, physical development, and marriage relationships	

Topic	Content Development	Applicat
Maturity	establishing and maintaining a home establishing a family codes of behavior for the new family	

Content Development	Application
establishing and maintaining a home	
establishing a family	
codes of behavior for the new family	

UNIT 11. INVOLUTION

Topic	Content Development	Applicati
Involution - Middle Life	Discuss changes of middle life	Definition of term involution menopause traumatic
	Physical growth and development gradual slowing of metabolism and reaction time gradual decline in strength gradual decline in visual and auditory perception early signs of aging make their appearance - may be traumatic to person physical examination emphasizes detection of illness menopause occurs during decade of 45 - 55, a lessening of secondary sex characteristics; a menopause for men is less traumatic height tends to remain constant from about 20 to old age weight continues to increase until about 60	Observe people in n television who a group
	Social growth and development busiest years of life gradual modification of plans resulting in a changed tempo of living society's expectations are influenced by the approach of retirement age	
	Intellectual development learning to function effectively as a mature family member accepting full responsibility as head of a family building and maintaining a strong and mutually satisfying marriage relationship accepting and working within the limits of one's capacity	

UNIT 11. INVOLUTION

Content Development	Application
Discuss changes of middle life	Definition of terms involution menopause traumatic
Physical growth and development	
gradual slowing of metabolism and reaction time	
gradual decline in strength	
gradual decline in visual and auditory perception	
early signs of aging make their appearance - may be traumatic to person	
physical examination emphasizes detection of illness	
menopause occurs during decade of 45 - 55, a lessening of secondary sex characteristics; a menopause for men is less traumatic	Observe people in news, radio, television who are in this age group
height tends to remain constant from about 20 to old age	
weight continues to increase until about 60	
Social growth and development	
busiest years of life	
gradual modification of plans resulting in a changed tempo of living	
society's expectations are influenced by the approach of retirement age	
Intellectual development	
learning to function effectively as a mature family member	
accepting full responsibility as head of a family	
building and maintaining a strong and mutually satisfying marriage relationship	
accepting and working within the limits of one's capacity	

Topic	Content Development	Applica
Involution - Middle Life	establishing wholesome affectional relationships with one's children and grandchildren meeting new needs for affection and understanding of one's own aging parents cultivating meaningful, warm friendships with members of one's own generation carrying a socially adequate role as citizen and worker in community establishing good healthful routines of eating, resting, working, playing within pressures of adult world	

Content Development	Application
establishing wholesome affectional relationships with one's children and grandchildren	
meeting new needs for affection and understanding of one's own aging parents	
cultivating meaningful, warm friendships with members of one's own generation	
carrying a socially adequate role as citizen and worker in community	
establishing good healthful routines of eating, resting, working, playing within pressures of adult world	

UNIT 12. SENESCENCE

Topic	Content Development	Applicati
Senescence	Physical growth and development recover more slowly from acute illnesses and accidents a decrease in visual accommodation is a reliable physiological indicator of age position sense and speed of reaction declines rapidly after 70 decline in visual acuity changes in hearing, loss of acuity decline in height due to posture and settling of bones tendency to lose weight during old age nutritional deficiency is often a serious problem related to: lack of dentures boredom and eating alone lack of money	View film *Golden Years* Visit senior citizen Visit retirement home welfare agency geriatric hospi
	Intellectual development accepting graciously and comfortably assistance where it is needed adjusting to loss of members of one's peer group choosing and maintaining on-going social activities, appropriate to health, energy, and interests	
	Environmental changes - problems living alone living with relatives decreased financial income loss of friends and interests loss of physical stamina - spectator activities disengagement from social activities family problems business problems feeding or eating need for supervision - retirement homes medical care	

UNIT 12. SENESCENCE

Content Development	Application
Physical growth and development recover more slowly from acute illnesses and accidents a decrease in visual accommodation is a reliable physiological indicator of age position sense and speed of reaction declines rapidly after 70 decline in visual acuity changes in hearing, loss of acuity decline in height due to posture and settling of bones tendency to lose weight during old age nutritional deficiency is often a serious problem related to: lack of dentures boredom and eating alone lack of money	View film Golden Years Visit senior citizen club Visit retirement homes welfare agency geriatric hospitals
Intellectual development accepting graciously and comfortably assistance where it is needed adjusting to loss of members of one's peer group choosing and maintaining on-going social activities, appropriate to health, energy, and interests	
Environmental changes - problems living alone living with relatives decreased financial income loss of friends and interests loss of physical stamina - spectator activities disengagement from social activities family problems business problems feeding or eating need for supervision - retirement homes medical care	

Normal Nutrition and Diet Modification

INTRODUCTION

It is the function of this course to provide the student with basic understandings and skills to meet the nutritional needs of herself, her family, and the people to whom she is giving assistance.

The course is divided into two sections:

> Nutrition, which is a summary of the basic nutritional needs of the body and the food nutrients available for maintaining those needs.
>
> Diet modification,which is designed to acquaint the student with the ways in which normal dietary patterns may be modified to meet individual needs; and to help the students develop skills in preparing and serving foods for modified diets.

OBJECTIVES

To gain a basic knowledge and unde
normal nutrition in relation to pe
family, and community health.

To acquire some understanding and
selection, preparation, and servin
foods.

To develop awareness of social ame
preparation of food, table setting
food, and consuming food.

To gain knowledge, understanding,
preparing modifications of the nor
patterns.

Normal Nutrition and Diet Modification

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the student with the ways in which
dietary patterns may be modified
individual needs; and to help the
s develop skills in preparing and
foods for modified diets.

OBJECTIVES

To gain a basic knowledge and understanding of normal nutrition in relation to personal, family, and community health.

To acquire some understanding and skill in the selection, preparation, and serving of simple foods.

To develop awareness of social amenities in preparation of food, table settings for serving food, and consuming food.

To gain knowledge, understanding, and skill in preparing modifications of the normal dietary patterns.

UNIT 1. INTRODUCTION TO NUTRITION

Topic	Content Development	Applic
Introduction to Nutrition	Study of nutrition includes food requirements for man nutritive values of food digestion definition of nutrition health habits of today	
	Good body nutrition is judged by optimum appearance of the following: general body proportions muscular development skin texture and tone hair eyes posture appetite general attitude facial expression sleep habits	View pictures of signs of good nu Clinical experie patient whose il or partially att inadequate nutri
	The effect of poor nutrition on the body may cause a change in the above	View pictures of example: kwashio
	Factors affecting good nutrition availability of good and adequate food supply cultural customs religious customs economic resources knowledge and understanding of nutritive value of food emotional state of the individual	Panel discussion with special cul requirements

UNIT 1. INTRODUCTION TO NUTRITION

Content Development	Application
Study of nutrition includes food requirements for man nutritive values of food digestion definition of nutrition health habits of today	
Good body nutrition is judged by optimum appearance of the following: general body proportions muscular development skin texture and tone hair eyes posture appetite general attitude facial expression sleep habits	View pictures of persons showing signs of good nutrition Clinical experience - observe patient whose illness may be wholly or partially attributed to poor or inadequate nutrition
The effect of poor nutrition on the body may cause a change in the above	View pictures of malnourished persons; example: kwashiorkor
Factors affecting good nutrition availability of good and adequate food supply cultural customs religious customs economic resources knowledge and understanding of nutritive value of food emotional state of the individual	Panel discussion of needs of patients with special cultural and religious requirements

Topic	Content Development	Applicat
Essentials of Good Nutrition	Basic four food groups milk, cheeses, cream, butter, margarine meats, poultry, fish, eggs, legumes fruits and vegetables grains, cereals, breads, potato, rice	Observe charts on groups. Plan well-balanced food groups.
	Well-balanced meals meals should be planned to include two or more foods from the basic four groups	
	Hygiene of food handling and storage federal, state and local laws governing food handling and storage.	
	The Pure Food and Drug Act important legislation governing the handling and storage of food as a means of protecting the public	
	Common food-borne diseases ptomaine poisoning botulism trichinosis typhoid fever (food handler) tuberculosis dysentery	
	Demonstrate washing and cleaning foods before consuming: fruits, fresh vegetables, etc.	Practice washing a and fresh vegeta

Content Development	Application
Basic four food groups milk, cheeses, cream, butter, margarine meats, poultry, fish, eggs, legumes fruits and vegetables grains, cereals, breads, potato, rice	Observe charts on Basic Four groups. Plan well-balanced meals using food groups.
Well-balanced meals meals should be planned to include two or more foods from the basic four groups	
Hygiene of food handling and storage federal, state and local laws governing food handling and storage.	
The Pure Food and Drug Act important legislation governing the handling and storage of food as a means of protecting the public	
Common food-borne diseases ptomaine poisoning botulism trichinosis typhoid fever (food handler) tuberculosis dysentery	
Demonstrate washing and cleaning foods before consuming: fruits, fresh vegetables, etc.	Practice washing and cleaning fruits and fresh vegetables.

Topic	Content Development	Applic
Essentials of Good Nutrition	Chemical poisoning - danger from use of insecticides fertilizers growth stimulants hormones	
	Home preparation and storage of food refrigeration freezing methods cooking methods to retain the maximum nutritive value of foods	Visit dietary de hospital. Observe the prin food handling a
Food Nutrients	Carbohydrates composition and classification function in the body - caloric value digestion, absorption, metabolism, and elimination of carbohydrates source of carbohydrates effect of cooking carbohydrates carbohydrate substitutes abuses of carbohydrate consumption carbonated beverages candy pastry and cake	Report on studen Compare the effe of carbohydrate overweight underweight student weigh Compare dietary the treatment c abnormal carboh
	Fats composition and classifications function in the body - caloric value digestion, absorption, metabolism, and elimination of fats source of fats effects of cooking abuses of fat consumption effects on the body when it is unable to use fats: gallbladder disease diabetes mellitus	Prepare diets fc unable to utili illness may be much fat, Prepare a list c avoided by pati gallbladder di Prepare a list c who demonstrat ficiency state

	Content Development	Application
od	Chemical poisoning - danger from use of insecticides fertilizers growth stimulants hormones	
	Home preparation and storage of food refrigeration freezing methods cooking methods to retain the maximum nutritive value of foods	Visit dietary department in hospital. Observe the principles of hygienic food handling and storage.
	Carbohydrates composition and classification function in the body - caloric value digestion, absorption, metabolism, and elimination of carbohydrates source of carbohydrates effect of cooking carbohydrates carbohydrate substitutes abuses of carbohydrate consumption carbonated beverages candy pastry and cake	Report on student weight problems. Compare the effects of abnormal use of carbohydrates by the body: overweight underweight student weight problems. Compare dietary patterns used in the treatment of patients with abnormal carbohydrate metabolism.
	Fats composition and classifications function in the body - caloric value digestion, absorption, metabolism, and elimination of fats source of fats effects of cooking abuses of fat consumption effects on the body when it is unable to use fats: gallbladder disease diabetes mellitus	Prepare diets for patients who are unable to utilize fats, or whose illness may be the result of too much fat, Prepare a list of foods to be avoided by patient with liver or gallbladder disease. Prepare a list of foods for patients who demonstrate a protein deficiency state.

Topic	Content Development	Applicat
Food Nutrients	Proteins composition and classifications function in the body - caloric value digestion, absorption, metabolism, and elimination of proteins effects of inadequate protein intake effects of cooking effects on the body when it is unable to use proteins: albuminuria nephrosis	Explain how a lack contributes to: l to infection, ind healing. Prepare a list of f who demonstrate a state.
	Minerals composition of minerals in the regulation of body processes and growth sources of minerals functions of essential minerals calcium phosphorus iron iodine sodium potassium	Explain significan special condition diarrhea, acidosi Report on effects retention cardiac Assist in the care receiving intrave and electrolyte r mineral imbalance
	Deficiency conditions calcium - rickets, poor teeth, tetany phosphorus - poor bone development iron - secondary anemia sodium - poor water balance of body potassium - acid base imbalance iodine - disturbed thyroid gland function(goiter)	Report on endemic use of iodized sa

Content Development	Application
Proteins composition and classifications function in the body - caloric value digestion, absorption, metabolism, and elimination of proteins effects of inadequate protein intake effects of cooking effects on the body when it is unable to use proteins: albuminuria nephrosis	Explain how a lack of protein contributes to: lowered resistance, to infection, indigestion, slow healing. Prepare a list of foods for patients who demonstrate a protein deficiency state.
Minerals composition of minerals in the regulation of body processes and growth sources of minerals functions of essential minerals calcium phosphorus iron iodine sodium potassium	Explain significance of sodium in special conditions: dehydration, diarrhea, acidosis, and alkalosis. Report on effects of sodium in water-retention cardiac diseases. Assist in the care of a patient receiving intravenous fluid therapy and electrolyte replacement for mineral imbalance.
Deficiency conditions calcium - rickets, poor teeth, tetany phosphorus - poor bone development iron - secondary anemia sodium - poor water balance of body potassium - acid base imbalance iodine - disturbed thyroid gland function(goiter).	Report on endemic iodine deficiencies-use of iodized salt.

Topic	Content Development	Applicati
Food Nutrients	Vitamins	
	composition of vitamins - functions	
	importance of vitamins to normal growth and development	Prepare reports on
	fat-soluble vitamins	
	Vitamin A - carotene	xerophthalmia
	Vitamin D - sunshine	rickets
	Vitamin E - antisterility	sterility
	Vitamin K - blood clotting	hemorrhage
	water-soluble vitamins	
	Vitamin C - ascorbic acid	scurvy
	Vitamin B Complex	
	Thiamine - B_1	beri-beri
	Riboflavin - B_{12}	eye - sensitivi
	Niacin - nicotinic acid	pellagra
	Folacin - folic acid B-12	sprue and perni
	Water	
	functions	
	a solvent for products of digestion	Compare the diets
	transporter of nutrients and waste materials throughout the body	with dehydration patient with mark
	regulator of body temperature	
	sources	
	effects of insufficient quantities	
	Cellulose, an insoluble carbohydrate, receives special attention since its function differs from other carbohydrates previously discussed	Explain dietary si cellulose in the colitis.
	function	Analyze hospital m variety of foods patients in relat content.
	sources	
	deficiency effects	
	importance of cellulose in daily food requirements	

Content Development	Application
Vitamins	
composition of vitamins - functions	
importance of vitamins to normal growth and development	Prepare reports on the following:
fat-soluble vitamins	
Vitamin A - carotene	xerophthalmia
Vitamin D - sunshine	rickets
Vitamin E - antisterility	sterility
Vitamin K - blood clotting	hemorrhage
water-soluble vitamins	
Vitamin C - ascorbic acid	scurvy
Vitamin B Complex	
Thiamine - B_1	beri-beri
Riboflavin - B_{12}	eye - sensitivity
Niacin - nicotinic acid	pellagra
Folacin - folic acid B-12	sprue and pernicious anemia
Water	
functions	
a solvent for products of digestion	Compare the diets for a patient with dehydration with that of a patient with marked edema.
transporter of nutrients and waste materials throughout the body	
regulator of body temperature	
sources	
effects of insufficient quantities	
Cellulose, an insoluble carbohydrate, receives special attention since its function differs from other carbohydrates previously discussed	Explain dietary significance of cellulose in the treatment of colitis.
function sources deficiency effects importance of cellulose in daily food requirements	Analyze hospital menus to observe variety of foods offered to patients in relation to cellulose content.

Topic	Content Development	Appl
Energy Requirements	Energy requirements vary according to age sex occupation state of health size of the body activities specific needs of the individual	Compare energy to specific c within the ind
	Effect on the body of over-supply of calories	
Energy Values of Food	Calorie - measure of energy that is produced by a food	Explain how the ments of the b filled by a ba energy-supplyi
	Fuel values of energy-producing foods are as follows: carbohydrates - four calories per gram protein - four calories per gram fats - nine calories per gram	Calculate calor for 24-hour pe Calculate calor 30-year-old la

Content Development	Application
Energy requirements vary according to age sex occupation state of health size of the body activities specific needs of the individual	Compare energy needs according to specific conditions present within the individual.
Effect on the body of over-supply of calories	
Calorie - measure of energy that is produced by a food	Explain how the energy requirements of the body are fulfilled by a balanced intake of energy-supplying foods.
Fuel values of energy-producing foods are as follows: carbohydrates - four calories per gram protein - four calories per gram fats - nine calories per gram	Calculate caloric needs for self for 24-hour period. Calculate caloric needs for a 30-year-old laborer for 24 hours

UNIT 2. MEAL PLANNING

Topic	Content Development	Applicatio
Meal Planning	Planning menus for the family: include foods needed to maintain good nutrition plan according to Basic 4 have variety fit personal and family needs prepare properly serve attractively fit the family budget economy foods use of left-overs availability of foods plan for a definite period of time essentials of well-planned meals provide for a variety of: foods flavor textures colors	Analyze sample hospi designed to meet Compare menus in essentials of a w meal.
	Food purchasing preparation of a market list marketing for value - consider: large market versus small store cash versus credit buying carrying versus delivery bulk purchasing buying foods in season quality and costs less expensive forms of food-powdered milk, etc. home-prepared foods versus ready-prepared foods food substitutes of equal value - fortified margarine	Shop for food to be preparation of a me food laboratory.

UNIT 2. MEAL PLANNING

Content Development	Application
Planning menus for the family: include foods needed to maintain good nutrition plan according to Basic 4 have variety fit personal and family needs prepare properly serve attractively fit the family budget economy foods use of left-overs availability of foods plan for a definite period of time essentials of well-planned meals provide for a variety of: foods flavor textures colors	Analyze sample hospital menus designed to meet cultural needs. Compare menus in relation to essentials of a well-planned meal.
Food purchasing preparation of a market list marketing for value - consider: large market versus small store cash versus credit buying carrying versus delivery bulk purchasing buying foods in season quality and costs less expensive forms of food- powdered milk, etc. home-prepared foods versus ready-prepared foods food substitutes of equal value - fortified margarine	Shop for food to be used in the preparation of a meal in the food laboratory.

Topic	Content Development	Applicat
Meal Planning	Nutrition for the family adapting principles of meal planning to meet needs of individual members of family infant pre-school child pre-adolescent child teenager adult pre-natal or post-natal woman lactating mother aged person regional food patterns national food patterns cultural food patterns	Modify and adapt p pre-school ch the aged Analyze sample hos to meet the needs age groups infant teenager aged

Content Development	Application
Nutrition for the family adapting principles of meal planning to meet needs of individual members of family infant pre-school child pre-adolescent child teenager adult pre-natal or post-natal woman lactating mother aged person regional food patterns national food patterns cultural food patterns	Modify and adapt planned dinner for pre-school child the aged Analyze sample hospital menus to meet the needs of individual age groups infant teenager aged

UNIT 3. SOCIAL AMENITIES INVOLVING FOOD

Topic	Content Development	Content
Promoting the Enjoyment of Food	Factors influencing enjoyment of food attractiveness of food and way it is served attractiveness of table settings good table manners appropriate meal-time conversation size of portions tray settings attractiveness arranged to meet special needs; i.e., the paralyzed patient; the patient in traction	Prepare and serve trays Prepare patient fo review - handwa review - bed pa check odor cont
	Demonstrate making food servings attractive table settings or tray settings breakfast lunch dinner snacks use of napkin use of silver passing food platters serving from food platters etiquette of buffet style service correct posture and position at the table	
	Esthetics of the environment importance of appropriate table conversations, tone of voice, etc. reasons for avoiding conversation with a mouth full of food proper way to chew food	Report on effect o appetite Practice proper us proper us

UNIT 3. SOCIAL AMENITIES INVOLVING FOOD

	Content Development	Content Development
ment	Factors influencing enjoyment of food attractiveness of food and way it is served attractiveness of table settings good table manners appropriate meal-time conversation size of portions tray settings attractiveness arranged to meet special needs; i.e., the paralyzed patient; the patient in traction	Prepare and serve patient's food trays Prepare patient for meal: review - handwashing review - bed pan procedure check odor control
	Demonstrate making food servings attractive table settings or tray settings breakfast lunch dinner snacks use of napkin use of silver passing food platters serving from food platters etiquette of buffet style service correct posture and position at the table	
	Esthetics of the environment importance of appropriate table conversations, tone of voice, etc. reasons for avoiding conversation with a mouth full of food proper way to chew food	Report on effect of smoking on appetite Practice proper use of dishes proper use of silver

UNIT 4. DIET MODIFICATIONS

Topic	Content Development	Applicati
Routine Hospital Diets	Essential information for all diets suitability of tray size use of tray cover and napkin use of clean and complete set of silver use of unchipped and uncracked china and glass proper arrangement of food on dishes arrangement of dishes for convenience of patients with special needs appropriately sized portions of food to be served	Practice tray setti Serve food trays Prepare bed properl assist patient t tray Practice placement bed or side tabl
	Types regular, house, or full diet for patients who are able to digest and tolerate all foods for patients whose medical treatment does not require modification of diet selective menu permits patients to choose from among a variety of foods	Role-play - feeding Assist feeding p necessary Record on patient amount eaten, Practice use of elec Prepare a day's menu convalescing fr
	light diet: for patients who are convalescing - no fried foods, rich pastries, salad dressings, celluose	Plan a 24-hour light day postoperat had an appendecto
	soft diet: for patients who are unable to chew foods well for patients with acute infections- foods low in cellulose are cooked well to permit easier chewing and digestion raw fruits and vegetables are omitted	Plan a 24-hour soft who has a possibl

UNIT 4. DIET MODIFICATIONS

Content Development	Application
Essential information for all diets suitability of tray size use of tray cover and napkin use of clean and complete set of silver use of unchipped and uncracked china and glass	Practice tray setting Serve food trays to patients Prepare bed properly gatched to assist patient to reach entire tray
proper arrangement of food on dishes arrangement of dishes for convenience of patients with special needs appropriately sized portions of food to be served	Practice placement of tray on overbed or side table
Types regular, house, or full diet for patients who are able to digest and tolerate all foods for patients whose medical treatment does not require modification of diet selective menu permits patients to choose from among a variety of foods	Role-play - feeding patient Assist feeding patient when necessary Record on patient's chart - amount eaten, food toleration Practice use of electric blender Prepare a day's menu for a patient convalescing from surgery
light diet: for patients who are convalescing - no fried foods, rich pastries, salad dressings, celluose	Plan a 24-hour light diet for a 4-day postoperative patient who had an appendectomy
soft diet: for patients who are unable to chew foods well for patients with acute infections - foods low in cellulose are cooked well to permit easier chewing and digestion raw fruits and vegetables are omitted	Plan a 24-hour soft diet for a patient who has a possible gastric ulcer

Topic	Content Development	Applicat
Routine Hospital Diets	full liquid diet: for patients who are unable to chew food this diet, properly planned, can meet nutritional needs of individual for a long period of time	Plan a 24-hour ful a patient withou
	clear liquid diet: a temporary diet for patients who are unable to chew food, this diet is used to provide fluids to the body	Plan a 24-hour cle for a patient wh surgery 2nd day
	Regular well-balanced diet is modified to meet needs of the patient according to the doctor's orders.	
Modification of Diets	Low calorie diet: modifying diet to reduce energy value chief indication for reducing calories is to assist in the reduction of weight it is important to plan for maintaining necessary nutrient values of diet while reducing energy value popularized reducing "fads" should be avoided because many of them are nutritionally unbalanced	Report on the hosp of meeting the patient on a we regime and a w regime Serve modified me patients Record daily weigh patients on hig calorie diets
	Some disease conditions for which it might be necessary to reduce the energy value of the diet: hypertension diabetes mellitus obesity some arthritic conditions	

Content Development	Application
full liquid diet: for patients who are unable to chew food this diet, properly planned, can meet nutritional needs of individual for a long period of time	Plan a 24-hour full liquid diet for a patient without dentures
clear liquid diet: a temporary diet for patients who are unable to chew food;this diet is used to provide fluids to the body	Plan a 24-hour clear liquid diet for a patient who has had mouth surgery 2nd day post-operative
Regular well-balanced diet is modified to meet needs of the patient according to the doctor's orders.	
Low calorie diet: modifying diet to reduce energy value chief indication for reducing calories is to assist in the reduction of weight it is important to plan for maintaining necessary nutrient values of diet while reducing energy value popularized reducing "fads" should be avoided because many of them are nutritionally unbalanced	Report on the hospital's methods of meeting the needs of the patient on a weight reduction regime and a weight gaining regime Serve modified meals to selected patients Record daily weight record of patients on high and low calorie diets
Some disease conditions for which it might be necessary to reduce the energy value of the diet: hypertension diabetes mellitus obesity some arthritic conditions	

Topic	Content Development	Appl
Modification of Diets	High calorie diet: modifying the diet to increase the energy value liberal use of substitutes in preparing foods keeping portions of food moderate in size to avoid discouraging underweight patient planning attractive meals to stimulate interest in food avoiding crash reducing diets dangers of food fads and fallacies indications for high caloric diet hyperthyroidism - over-activity of the thyroid gland chronic illness tuberculosis gastro-intestinal disorders which affect absorption of food underweight due to poor health habits	Prepare low caloric high calori
	Low residue diet: modifying diet to decrease residue used to provide rest for gastro-intestinal tract by reducing roughage in diet ulcerative colitis diarrhea dysentery gastric or duodenal ulcers	Prepare and ser diets to pa Analyze patient compare food with colitis ulcer
	High residue diet: modifying diet to increase residue indication - constipation due to improper food habits or to loss of muscle tone of gastro-intestinal tract	

Content Development	Application
High calorie diet: modifying the diet to increase the energy value liberal use of substitutes in preparing foods keeping portions of food moderate in size to avoid discouraging underweight patient planning attractive meals to stimulate interest in food avoiding crash reducing diets dangers of food fads and fallacies indications for high caloric diet hyperthyroidism - over-activity of the thyroid gland chronic illness tuberculosis gastro-intestinal disorders which affect absorption of food underweight due to poor health habits	Prepare low caloric diet high caloric diet
Low residue diet: modifying diet to decrease residue used to provide rest for gastro-intestinal tract by reducing roughage in diet	Prepare and serve modified diets to patients
ulcerative colitis diarrhea dysentery gastric or duodenal ulcers	Analyze patients' menus and compare foods for patients with colitis and duodenal ulcer
High residue diet: modifying diet to increase residue indication - constipation due to improper food habits or to loss of muscle tone of gastro-intestinal tract	

Topic	Content Development	Appl
Modification of Diets	Low fat diet: modifying diet to reduce fat content indications: liver diseases - cirrhosis, infectious hepatitis, etc. gallbladder diseases - gall stones, cholecystitis, obstruction of gall ducts, or after cholecystectomy some cardio-vascular diseases arteriosclerosis coronary artery disease	Plan, prepare, diet Analyze sample directions
	Low sodium diet: the effect of sodium in body modifying diet to reduce sodium content the difference between low-sodium and sodium-free diets hidden sources of sodium use of salt substitutes salt substitutes may be used only under supervision of physician indications: circulatory diseases hypertension heart disease	Plan, prepare, low sodium sodium free
	High sodium diet: modifying diet to increase sodium content indications: burns heat exhaustion dehydration	

Content Development	Application
Low fat diet: modifying diet to reduce fat content indications: liver diseases - cirrhosis, infectious hepatitis, etc. gallbladder diseases - gall stones, cholecystitis, obstruction of gall ducts, or after cholecystectomy some cardio-vascular diseases arteriosclerosis coronary artery disease	Plan, prepare, and serve low fat diet Analyze samples of printed dietary directions given to patient
Low sodium diet: the effect of sodium in body modifying diet to reduce sodium content the difference between low-sodium and sodium-free diets hidden sources of sodium use of salt substitutes salt substitutes may be used only under supervision of physician indications: circulatory diseases hypertension heart disease	Plan, prepare, and serve low sodium diet sodium free diet
High sodium diet: modifying diet to increase sodium content indications: burns heat exhaustion dehydration	

Topic	Content Development	Appli
Modification Of Diets	Diabetes mellitus: modifying diet to meet needs of patient with diabetes mellitus proportions of carbohydrate, fats, and protein are determined for individual patient by physician patients should be encouraged to finish all food prescribed for them patient works with a dietitian	Plan diet for p diabetes mel Record foods ea
	In management of a diabetic patient emphasis is placed upon foods for weight maintenance insulin urine analysis personal hygiene	
	High protein diet: modifying diet to meet needs of patients who have excessive protein loss indications: patients with cancer patients with nephrosis	Plan, prepare,a protein diet Observe and cha reaction to f
	Elimination diets - used to determine allergies and sensitivities adequate substitutes for foods which cause allergy must be planned for in diet	Plan an eliminat for a patient condition
Specific Dietary Plans	Tube feedings uses and regime Ulcer diet Sippy diet Diagnostic diet	Plan: Sippy diet rice diet

Content Development	Application
Diabetes mellitus: modifying diet to meet needs of patient with diabetes mellitus proportions of carbohydrate, fats, and protein are determined for individual patient by physician patients should be encouraged to finish all food prescribed for them patient works with a dietitian	Plan diet for patient with diabetes mellitus Record foods eaten
In management of a diabetic patient emphasis is placed upon foods for weight maintenance insulin urine analysis personal hygiene	
High protein diet: modifying diet to meet needs of patients who have excessive protein loss indications: patients with cancer patients with nephrosis	Plan, prepare,and serve high protein diet Observe and chart patient's reaction to food
Elimination diets - used to determine allergies and sensitivities adequate substitutes for foods which cause allergy must be planned for in diet	Plan an elimination diet specific for a patient with allergic condition
Tube feedings uses and regime Ulcer diet Sippy diet Diagnostic diet	Plan: Sippy diet rice diet

PART TWO: PRACTICAL NURSING III AND IV

Practical Nursing III and IV

INTRODUCTION

The course of study in Principles and Practices of Practical Nursing III and IV is designed for the student practical nurse who is ready to undertake a more comprehensive study of nursing care of the ill of all ages. The role of the practical nurse as a member of the nursing team is largely determined by the nursing needs in each situation.

Technical competence is not sufficient. The practical nurse should develop a broader understanding of the patient as an individual and of what illness means to him and to his family.

The practical nurse should understand and recognize significant developments in the patient's progress. She should also have some understanding of the physician's plan of treatment and care. The practical nurse is constantly reminded to "look and see" and to record and report what she sees.

OBJECTIVES

To develop a set of basic principles or guidelines to enable the student practical nurse to function effectively in any random medical-surgical situation.

To help the student to acquire understanding, technical competence, and the arts of observation and listening in assisting with the nursing care of patients with disorders of the various systems of the body.

To assist the student to develop knowledges, skills, and understanding in caring for the "Mother, Infants and Well Children."

To aid the student to under
learn the skills required i
the sick child.

To relate the knowledge and
to specific needs of indivi
To so develop these learnin
previous knowledge is focus
patient problems and needs.

To add such new skills and k
(arithmetic of solutions, m
diet management, and stress s
(psychiatric nursing) as vis
patient and family reaction
the patient and his specific
be cared for with empathy an

Practical Nursing III and IV

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sing team is largely determined by
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mpetence, and the arts of observa-
tening in assisting with the
of patients with disorders of
systems of the body.

e student to develop knowledges,
nderstanding in caring for the
nts and Well Children."

To aid the student to understand and to learn the skills required in caring for the sick child.

To relate the knowledge and skills learned to specific needs of individual patients. To so develop these learnings that all previous knowledge is focused on particular patient problems and needs.

To add such new skills and knowledge (arithmetic of solutions, materia medica, diet management, and stress symptoms (psychiatric nursing) as visualized in patient and family reactions, etc.) that the patient and his specific problems will be cared for with empathy and consideration.

Nursing Care of Patients with Diseases and Disorders of the Body System

INTRODUCTION

The course of study in this area is designed for the student practical nurse who is ready to undertake a more comprehensive study of nursing care of the ill of all ages. The role of the practical nurse as a member of the nursing team is largely determined by the nursing needs in each situation.

Technical competence is not sufficient. The practical nurse should develop a broad understanding of the patient as an individual and of what illness means to him and to his family.

The practical nurse should understand and recognize significant developments in the patient's progress. She should also have some understanding of the physician's plan of treatment and care. The practical nurse is constantly reminded to "look and see" and to record and report what she sees.

OBJECTIVES

1. To develop a set of basic princi
   guidelines to enable the student
   nurse to function effectively in
   medical-surgical situation.

2. To help the student to acquire u
   technical competence, and the ar
   tion and listening in assisting
   nursing care of patients with di
   various systems of the body.

3. To relate the knowledge and skil
   specific needs of individual pat
   develop these learnings that all
   knowledge is focused on particul
   problems and needs.

4. To add such new skills and knowl
   metic of solutions, *materia medi*
   management.

rsing Care of Patients with Diseases and Disorders of the Body System

y in this area is designed
actical nurse who is ready to
omprehensive study of nursing
all ages. The role of the
a member of the nursing team
ned by the nursing needs in

nce is not sufficient. The
hould develop a broad under-
tient as an individual and
eans to him and to his

se should understand and
cant developments in the pa-
She should also have some
the physician's plan of
e. The practical nurse is
ed to "look and see" and to
what she sees.

OBJECTIVES

1. To develop a set of basic principles or guidelines to enable the student practical nurse to function effectively in any random medical-surgical situation.

2. To help the student to acquire understanding, technical competence, and the arts of observation and listening in assisting with the nursing care of patients with disorders of the various systems of the body.

3. To relate the knowledge and skills learned to specific needs of individual patients. To so develop these learnings that all previous knowledge is focused on particular patient problems and needs.

4. To add such new skills and knowledge--arithmetic of solutions, materia medica, and diet management.

NURSING CARE OF PATIENTS WITH DISEASES AND DISORDERS OF THE RESPIRATORY SYSTEM

Unit 1

Topic	Content Development	Patient-Related Activitie
Care of Patients with Diseases and Disorders of the Respiratory System	Review structure and function of respiratory system	Patient-Centered Mrs. Martha Owens,a 30-ye complained of pain,when b sides of the thorax. On t erature on admission it w The doctor examined the p and ordered Chest Xray, fluoroscope EKG Sputum tests Complete blood count Urinalysis Isolation technique Vital signs of 2 hours Oxygen therapy by test Diet-light Why did the doctor place t isolation? Admit patient using hospit Follow doctor's orders and procedures and treatment Chart symptoms, treatments etc., on nurse's notes.

NURSING CARE OF PATIENTS WITH DISEASES AND DISORDERS OF THE RESPIRATORY SYSTEM

	Content Development	Patient-Related Activities
with orders of System	Review structure and function of respiratory system	Patient-Centered Problem Mrs. Martha Owens, a 30-year-old secretary, complained of pain, when breathing, on both sides of the thorax. On taking her temperature on admission it was 103.2° F. The doctor examined the patient on admission and ordered Chest Xray, fluoroscope EKG Sputum tests Complete blood count Urinalysis Isolation technique Vital signs of 2 hours Oxygen therapy by test Diet-light Why did the doctor place the patient on isolation? Admit patient using hospital routine. Follow doctor's orders and carry out all procedures and treatments. Chart symptoms, treatments, nursing care, etc., on nurse's notes.

Unit 1

Topic	Content Development	Patient-Related Activities
Care of Patients with Diseases and Disorders of Respiratory System	Abnormal types of respiration dyspnea hypoxia apnea Cheyne-Stokes asphyxia cyanosis	Suggested study guide to b all diseases should includ treatment, drug therapy, n management, rehabilitation Recognition and evaluation observation of patient (rel to total patient care).
	Diagnostic tests and procedures blood studies sputum examination x-ray - opaque dyes fluoroscope bronchography gastric washing thoracentesis thoracotomy tracheotomy tracheostomy	Purpose of tests and proce Preparation of patient physical emotional Assist with procedure; give Labeling and care of speci Charting of patient's reac interpretation of results Care of equipment Safe return of patient to
	Nursing treatments coughing suctioning postural drainage throat irrigation steam inhalation aerosol therapy rotating tourniquets	Purpose of treatments Preparation of patient physical emotional Assisting with procedures Nursing Care - position pa Charting - interpretation Care of equipment Safety of environment
	Oxygen therapy tent nasal (oropharyngeal insufflation) nasal cannula respirators	Clinical observation of: Oxygen therapy - equipme dangers Bennett respirator Visit to hyperbaric cha

	Content Development	Patient-Related Activities
with orders ystem	Abnormal types of respiration dyspnea hypoxia apnea Cheyne-Stokes asphyxia cyanosis	Suggested study guide to be followed for all diseases should include cause, symptoms, treatment, drug therapy, nursing care, diet management, rehabilitation, and evaluation. Recognition and evaluation of symptoms through observation of patient (relation of symptoms to total patient care).
	Diagnostic tests and procedures blood studies sputum examination x-ray - opaque dyes fluoroscope bronchography gastric washing thoracentesis thoracotomy tracheotomy tracheostomy	Purpose of tests and procedures Preparation of patient physical emotional Assist with procedure; give nursing care Labeling and care of specimens Charting of patient's reaction - interpretation of results Care of equipment Safe return of patient to unit
	Nursing treatments coughing suctioning postural drainage throat irrigation steam inhalation aerosol therapy rotating tourniquets	Purpose of treatments Preparation of patient physical emotional Assisting with procedures and treatments Nursing Care - position patient Charting - interpretation of results Care of equipment Safety of environment
	Oxygen therapy tent nasal (oropharyngeal insuf-flation) nasal cannula respirators	Clinical observation of: Oxygen therapy - equipment, use, safety, dangers Bennett respirator Visit to hyperbaric chamber

Unit 1

Topic	Content Development	Patient-Related Activi
Care of Patients with Diseases and Disorders of Respiratory System		Oxygen therapy Safety of patient Dangers Temperature control of Patient teaching Charting Care of equipment
	Diseases and disorders- structure and function of	Recognition of symptom Reporting, charting sy
	respiratory conditions	Treatments: assist with chart
	non-infectious respiratory conditions	
	epistaxis	Drug therapy: oxygen th antibiotics
	bronchiectasis	
	pulmonary emphysema	Diet therapy; force flu
	pulmonary embolism	Nursing care of specia chart
	pulmonary edema	
	atelectasis	Knowledge of emergency
	pneumothorax	Supportive care-specia
	pneumo-peritoneum	Isolation technique re
	infectious respiratory conditions	
	acute coryza	
	acute pharyngitis	
	acute laryngitis	
	tonsillitis	
	sinusitis	
	influenza	
	bronchitis	
	acute	
	chronic	
	pneumonia	Serum therapy; antibodi
	atypical pneumonia	
	pleurisy	
	empyema	Tests: B.C.G - attitude
	tuberculosis	Effects of obstruction
	Obstructions	Observe symptoms and pr condition
	deviated septum	
	nasal polyps	

	Content Development	Patient-Related Activities
		Oxygen therapy
ith		Safety of patient
rders of		Dangers
n		Temperature control of solutions
		Patient teaching
		Charting
		Care of equipment
	Diseases and disorders- structure and function of	Recognition of symptoms Reporting, charting symptoms
	respiratory conditions non-infectious respiratory conditions	Treatments: assist with treatments and chart
	epistaxis bronchiectasis	Drug therapy: oxygen therapy, sedation, antibiotics
	pulmonary emphysema	Diet therapy; force fluids
	pulmonary embolism pulmonary edema	Nursing care of special conditions and chart
	atelectasis	Knowledge of emergency measures
	pneumothorax	Supportive care-special problem
	pneumo-peritoneum	Isolation technique reviewed
	infectious respiratory conditions	
	acute coryza	
	acute pharyngitis	
	acute laryngitis	
	tonsillitis	
	sinusitis	
	influenza	
	bronchitis acute chronic	
	pneumonia	Serum therapy; antibodies
	atypical pneumonia	
	pleurisy	
	empyema	Tests: B.C.G - attitude toward patient
	tuberculosis	Effects of obstruction on respiration
	Obstructions deviated septum nasal polyps	Observe symptoms and procedures to alleviate condition

Unit 1

Topic	Content Development	Patient-Related Activi
Care of Patients with Diseases and Disorders of Respiratory Tract	enlarged tonsils and adenoids	
	foreign bodies	
	tumors	
	Operative conditions	Necessity for biopsy
	tonsillectomy	pre-operative prepar
	laryngectomy	post-operative prepa
	submucous resection	complications
	traumatic chest wounds	hemorrhage
	lobectomy	surgical shock
	pnumonectomy	respiratory embarr
		Patient's awareness of
		Preparation of patient
		Post-operative care
		prevention of infect
		diet management
		general comfort
		Rehabilitation
		speech therapy
		personal care routine

	Content Development	Patient-Related Activities
ith rders ct	enlarged tonsils and adenoids foreign bodies tumors	
	Operative conditions tonsillectomy laryngectomy submucous resection traumatic chest wounds lobectomy pnumonectomy	Necessity for biopsy pre-operative preparation post-operative preparation complications hemorrhage surgical shock respiratory embarrassment
		Patient's awareness of results of surgery Preparation of patient for specific surgery Post-operative care prevention of infection diet management general comfort Rehabilitation speech therapy personal care routines

Unit 2

NURSING CARE OF PATIENTS WITH DISEASES AND DISORDERS OF THE BLOO
AND BLOOD-FORMING ORGANS

Topic	Content Development	Patient-Related Ac
Care of Patients with Diseases and Disorders of Blood and Blood-Forming Organs	Review structure and function of blood	Purpose of test
		Preparation of pat
	Diagnostic tests and procedures	physical
	complete blood count	emotional
	bleeding time	Assisting with pro
	typing and cross matching	during and after
	blood chemistry (many tests)	Labeling and care
	coagulation time	Use of disposable
	Coombs test	Safety of patient
	capillary resistance (tourniquet test)	Recording and inte
	hematocrit	patient's chart
	icteric index	Care of equipment
	prothrombin time	
	Rh factor	
	sedimentation rate	Blood bank
	sternal puncture	Correct ordering o
		Refrigeration of b
	Blood banks	Checking of labels
	phlebotomy	Assemble necessary
	blood transfusion therapy	Observation of pat
		Nursing care
		Complications
		chills
		hepatitis
		allergic reactio
		Ethical reaction t
		Care of equipment

NURSING CARE OF PATIENTS WITH DISEASES AND DISORDERS OF THE BLOOD AND BLOOD-FORMING ORGANS

	Content Development	Patient-Related Activities
ts with	Review structure and function of blood	Purpose of test
isorders of		Preparation of patient
d-Forming	Diagnostic tests and procedures	physical
	complete blood count	emotional
	bleeding time	Assisting with procedure nursing care during and after
	typing and cross matching	
	blood chemistry (many tests)	Labeling and care of specimens
	coagulation time	Use of disposable equipment
	Coombs test	Safety of patient
	capillary resistance (tourniquet test)	Recording and interpreting results on patient's chart
	hematocrit	
	icteric index	Care of equipment
	prothrombin time	
	Rh factor	
	sedimentation rate	Blood bank
	sternal puncture	Correct ordering of supplies
		Refrigeration of blood
	Blood banks	Checking of labels
	phlebotomy	Assemble necessary equipment
	blood transfusion therapy	Observation of patient's reaction; charting
		Nursing care
		Complications
		chills
		hepatitis
		allergic reaction
		Ethical reaction to patient's beliefs
		Care of equipment

Unit 2

Topic	Content Development	Patient-Related Activi
Care of Patients with Diseases and Disorders of Blood and Blood-Forming Organs	Diseases and disorders	Cause
	Anemia	Recognition of symptom
	Primary	Reporting and chartin
	Secondary	Diagnostic tests
	acute	Drug therapy
	chronic	chemotherapy
	Sickle cell anemia	nitrogen mustard
	Leukemia	x-ray therapy
	acute	steroids
	chronic	antibiotics
	Hemorrhagic disorders	Nursing care
	Hemophilia	Diet management
	Purpura hemorrhagica	Meeting family's psyc
	Lymphomas	Surgical management
	Hodgkin's disease	Complications
	Agranulocytosis	Management of chronic

	Content Development	Patient-Related Activities
with	Diseases and disorders	Cause
rders	Anemia	Recognition of symptoms
d-	Primary	Reporting and charting of symptoms
	Secondary	Diagnostic tests
	acute	Drug therapy
	chronic	chemotherapy
	Sickle cell anemia	nitrogen mustard
	Leukemia	x-ray therapy
	acute	steroids
	chronic	antibiotics
	Hemorrhagic disorders	Nursing care
	Hemophilia	Diet management
	Purpura hemorrhagica	Meeting family's psychological needs
	Lymphomas	Surgical management
	Hodgkin's disease	Complications
	Agranulocytosis	Management of chronic disease

NURSING CARE OF PATIENTS WITH DISEASES AND DISORDERS OF THE

Unit 3

CARDIOVASCULAR AND PERIPHERAL VASCULAR SYSTEMS

Topic	Content Development	Patient-Related Act
Care of Patients with Diseases and Disorders of Cardiovascular and Peripheral Vascular Systems	Review structure and function	Purpose of tests
		Equipment
	Diagnostic tests	Observe procedure
	physical examination	Support patient; pre
	laboratory examination	Specimen to laborat
	complete blood count	After care of patie
	sedimentation rate	Charting procedure
	blood culture	After care of equip
	cholesterol	
	x-ray and fluoroscopy	
	orthodiagraphy	
	angiocardiogram	
	electrocardiogram	
	cardiac catheterization	
	venous pressure	
	circulation time	
	Disorders of rate and rhythm	Observation of symp
	cardiac arrhythmia	Reporting and chart
	tachycardia	Nursing care: physic
	bradycardia	emotional
	auricular fibrillation	Drug therapy
	ventricular fibrillation	digitalis
	cardiac arrest	quinidine sulphat
	heart block	
		Clinical conference
		Emergency cardiac r
		measures - purpos
		Pace maker
		Cardiac massage
		closed chest
		open manual
		observation and a

NURSING CARE OF PATIENTS WITH DISEASES AND DISORDERS OF THE
CARDIOVASCULAR AND PERIPHERAL VASCULAR SYSTEMS

	Content Development	Patient-Related Activities
with orders r and lar	Review structure and function Diagnostic tests physical examination laboratory examination complete blood count sedimentation rate blood culture cholesterol x-ray and fluoroscopy orthodiagraphy angiocardiogram electrocardiogram cardiac catheterization venous pressure circulation time	Purpose of tests Equipment Observe procedure Support patient; preparation and safety Specimen to laboratory After care of patient Charting procedure After care of equipment
	Disorders of rate and rhythm cardiac arrhythmia tachycardia bradycardia auricular fibrillation ventricular fibrillation cardiac arrest heart block	Observation of symptoms Reporting and charting Nursing care: physical (vital signs) emotional Drug therapy digitalis quinidine sulphate
		Clinical conference Emergency cardiac resuscitation measures - purpose, equipment Pace maker Cardiac massage closed chest open manual observation and assist

Topic	Content Development	Patient-Related Acti
Occurrence of Heart Disease	Diseases and disorders of the cardiovascular system Diseases and disorders of the heart congenital patent ductus arteriosus septal defect tetralogy of fallot	Structural causes, p laboratory tests, Development of speci intensive care uni coronary care unit life island units Open heart surgery Nursing care Patient teaching Rehabilitation
	Atherosclerosis	Diet management:low fat metabolism
	Hypertension essential malignant	Moderation in daily Hereditary tendency Treatment largely pr Drug therapy Rauwolfia Raudixin Serpasil Diuril Guanethidine (Ismelin)
	Rheumatic fever and rheumatic heart disease	No specific set of s age of patient Laboratory tests:leu Diet management to c Observe sign of modul valvular disfuncti Drug therapy chemotherapy antibiotic therapy

	Content Development	Patient-Related Activities
rt	Diseases and disorders of the cardiovascular system Diseases and disorders of the heart congenital patent ductus arteriosus septal defect tetralogy of fallot	Structural causes, prevention, symptoms, laboratory tests, treatments Development of specialized units intensive care units coronary care units life island units Open heart surgery Nursing care Patient teaching Rehabilitation
	Atherosclerosis	Diet management: low fat; disorder of fat metabolism
	Hypertension essential malignant	Moderation in daily living Hereditary tendency toward hypertension Treatment largely preventive Drug therapy Rauwolfia Raudixin Serpasil Diuril Guanethidine (Ismelin)
	Rheumatic fever and rheumatic heart disease	No specific set of symptoms - varies with age of patient Laboratory tests: leucocyte count Diet management to correct anemia Observe sign of modular enlargement valvular disfunction, mitral, aortic Drug therapy chemotherapy antibiotic therapy as a preventive

Topic	Content Development	Patient-Related Activiti
Occurrence of Heart Disease	Rheumatic fever and rheumatic heart disease	aspirin methyl salicylate Nursing care complete bed care meticulous cleanliness support of joints increased fluid intake chart and total acute stage: patient te Rheumatic heart disease rehabilitation role of the public hea American Heart Associa
	Syphilitic heart disease congenital acquired	Observe in luetic clinic aneurysm heart block aortic insufficiency Drug therapy antibiotics antiluetic drugs

	Content Development	Patient-Related Activities
rt	Rheumatic fever and rheumatic heart disease	aspirin methyl salicylate Nursing care complete bed care meticulous cleanliness support of joints increased fluid intake chart and total acute stage:patient teaching Rheumatic heart disease rehabilitation role of the public health nurse American Heart Association
	Syphilitic heart disease congenital acquired	Observe in luetic clinic for aneurysm heart block aortic insufficiency Drug therapy antibiotics antiluetic drugs

Topic	Content Development	Patient-Related Activitie
Care of Patients with Diseases and Disorders of Coronary Arteries	Review structure and function of circulatory system.	Patient-Centered Probl Mrs. Ann Flowers, a 55-y administrator, has been un the school community and the past year. She has t children. There has been increase since her last p a difficult community mee suddenly developed severe cardiac area and became e hensive. She was brought the emergency room and ad care. The doctor ordered Diagnostic tests - bloo EKG, X-Ray Vital signs - TPR and b Oxygen therapy - nasal Drug therapy I.V. of 5% glucose in administered slowly Demerol 100 mg.(h) Lasex 5 gr. Diet - soft; fat-and sa Nursing care complete bed rest supportive care to re tension and emotion patient teaching Admit patient using ho Follow doctor's orders all procedures and t Chart symptoms,treatme care, etc., on nurse's

	Content Development	Patient-Related Activities
th ers of	Review structure and function of circulatory system.	Patient-Centered Problem Mrs. Ann Flowers, a 55-year-old school administrator, has been under pressure by the school community and her family for the past year. She has two teenage children. There has been a steady weight increase since her last pregnancy. During a difficult community meeting Mrs. Flowers suddenly developed severe pains in the cardiac area and became extremely apprehensive. She was brought by ambulance to the emergency room and admitted to intensive care. The doctor ordered the following: Diagnostic tests - blood work, urinalysis, EKG, X-Ray Vital signs - TPR and blood pressure ½ hr. Oxygen therapy - nasal catheter Drug therapy I.V. of 5% glucose in distilled water-administered slowly Demerol 100 mg.(h) Lasex 5 gr. Diet - soft; fat-and salt-free Nursing care complete bed rest supportive care to relieve patient's tension and emotional strain patient teaching Admit patient using hospital routine Follow doctor's orders and carry out all procedures and treatments. Chart symptoms, treatments, nursing care, etc., on nurse's notes.

Unit 3

Topic	Content Development	Patient-Related Activ
Care of Patients with Diseases and Disorders of Coronary Arteries	Angina pectoris	Review structure and circulatory system
		Outline for case stud
		Characteristic "angin
		Importance of patient
		Drug therapy(nitrogly
		Diet management - mod coffee, tobacco
		Need for nursing supp individual's tensio
		Relieve patient's fea
	Myocardial infarction	Characteristic pain a
		Drug therapy - morphi
		(Severe fall in blood q. 3 to 5 minutes)
		I.V. - slow levophed
		Oxygen therapy by mas
		Drug therapy: heparin, (anticoagulants) da
		Diet management: no st
		Complete bed rest
		Coronary Care Unit wi
		Patient's reaction to nursing support and
		Hyperbaric oxygen
	Aneurysm	Observation of surgic aneurysms

	Content Development	Patient-Related Activities
ts with isorders teries	Angina pectoris	Review structure and function of circulatory system Outline for case study Characteristic "anginal pain" Importance of patient teaching Drug therapy(nitroglycerine) Diet management - moderation in use of tea, coffee, tobacco Need for nursing support to relieve the individual's tension and emotional strain Relieve patient's fear
	Myocardial infarction	Characteristic pain and extreme apprehension Drug therapy - morphine sulphate or demerol (Severe fall in blood pressure - taken q. 3 to 5 minutes) I.V. - slow levophed vasopressor Oxygen therapy by mask or nasal catheter Drug therapy: heparin, dicoumarol (anticoagulants) dangers- laboratory tests Diet management: no strain on patient Complete bed rest Coronary Care Unit with monitoring equipment Patient's reaction to machines. Need for nursing support and empathy Hyperbaric oxygen
	Aneurysm	Observation of surgical correction of aneurysms

Unit 3

Topic	Content Development	Patient-Related Activi
Care of Patients with Diseases and Disorders of Coronary Arteries	Congestive heart failure	Treatment is symptomat early stages left-sided failure right-sided failure
		Observe abdominal-para Give patient emotional Be careful to avoid st Diet: sodium restricted Rest: Fowler's position Drug therapy digitalis sedatives diuretics
	Heart disease complicated by pregnancy	Need for complete prem examination Need for continued med Observation of patient clinic Special instructions a cardiac
Diseases of Heart Muscle	Bacterial endocarditis acute sub-acute	Care of patient during blood culture tests Diet management - high and proteins Blood transfusions blood or packed R.B. Drug therapy antibiotics

	Content Development	Patient-Related Activities
with orders ries	Congestive heart failure	Treatment is symptomatic early stages left-sided failure right-sided failure Observe abdominal-paracentesis, thoracentesis Give patient emotional support Be careful to avoid stress situations Diet: sodium restricted diet Rest: Fowler's position Drug therapy digitalis sedatives diuretics
	Heart disease complicated by pregnancy	Need for complete premarital physical examination Need for continued medical supervision Observation of patient in pre-natal clinic Special instructions and teaching for the cardiac
t	Bacterial endocarditis acute sub-acute	Care of patient during and after diagnostic blood culture tests Diet management - high caloric, vitamins, and proteins Blood transfusions blood or packed R.B.C. Drug therapy antibiotics

Unit 3

Topic	Content Development	Patient-Related Activit
Care of Patients with Diseases and Disorders of the Veins and Lymphatics	Thrombophlebitis	Prevention of great imp pre-disposing factors Treatment hot packs elastic stockings - u surgery thrombectomy vein stripping Observe and carry out g nursing procedures Avoid respiratory depre operatively Drug therapy anti-coagulant - for injections to scleros
	Varicose veins hemorrhoids varicocele	Control of the underlyi Very meticulous nursing moist dressing Drug therapy sulfonamides and anti
Cardiovascular Operative Conditions	Heart surgery	Trained medical-surgical Support of the patient Purpose of surgery - de Pre-operatively - observe equipment nee and post-operative ar Surgery open heart or closed implantations Special equipment heart-lung machine Pre-operative patient ed post-operative care

	Content Development	Patient-Related Activities
with	Thrombophlebitis	Prevention of great importance; many pre-disposing factors
orders		
Lymphatics		Treatment
		hot packs
		elastic stockings - use and care
		surgery
		thrombectomy
		vein stripping
		Observe and carry out good simple nursing procedures
		Avoid respiratory depressants post-operatively
		Drug therapy
		anti-coagulant - for deep vein involvement
		injections to sclerose the small veins
	Varicose veins	Control of the underlying cause
	hemorrhoids	Very meticulous nursing care: warm, moist dressing
	varicocele	
		Drug therapy
		sulfonamides and antibiotic therapy
		Trained medical-surgical team
		Support of the patient by the team
	Heart surgery	Purpose of surgery - decision-making by MD
ons		Pre-operatively -
		observe equipment needed - operating room and post-operative areas
		Surgery
		open heart or closed heart surgery
		implantations
		Special equipment
		heart-lung machine
		Pre-operative patient education for post-operative care

Unit 3

Topic	Content Development	Patient-Related Activ
Care of Patients with Cardiovascular Operative Conditions	Heart surgery	Post-operative care oxygen drainage tubes feeding tubes I.V. feeding gradual warming of vital signs encourage deep coug exercise urinary output relief of pain drug therapy mild sedative demerol antibiotics airway diet ambulation Visit to observe and care units
	Vascular surgery vein ligation and stripping	Care of patient position of bed use of elastic stoc
	embolectomy	Vital signs Drug therapy demerol antibiotics anticoagulants
	splenectomy	Observation for post

	Content Development	Patient-Related Activities
ts with Operative	Heart surgery	Post-operative care
		oxygen
		drainage tubes
		feeding tubes
		I.V. feeding
		gradual warming of patient
		vital signs
		encourage deep coughing
		exercise
		urinary output
		relief of pain
		drug therapy
		mild sedative
		demerol
		antibiotics
		airway
		diet
		ambulation
		Visit to observe and assist in intensive care units
	Vascular surgery	
	vein ligation and stripping	Care of patient
		position of bed
		use of elastic stocking
	embolectomy	Vital signs
		Drug therapy
		demerol
		antibiotics
		anticoagulants
	splenectomy	Observation for post-operative hemorrhage

Unit 4

NURSING CARE OF PATIENTS WITH DISEASES AND DISORDERS OF THE INTESTINAL SYSTEM

Topic	Content Development	Patient-Related Ac
Care of Patients With Diseases and Disorders of Intestinal System	Review structure and function - include accessory organs. Use torso, diagrams, charts. Causes of digestive diseases and disorders unknown organic emotional	Patient-Centered Mr. Fred Brown, a executive, has bee his firm for five father of two chil member of numerous zations and the f active social life. $35,000 home and l For the past year, complaints of frequ that seemed to clea preparations for re Within the last two awakened at night which was relieved Mr. Brown visited h series of tests wer Brown was admitted diagnostic tests.
	Diagnostic tests gastric analysis tubeless gastric analysis special preparation of patient special medication-histamine epinephrine 1:1000 (h) esophogoscopy and gastroscopy throat irrigation Drug therapy local anesthesia morphine demerol atropine sulphate aspirin	Purpose Equipment - assembl Procedure - observe Preparation of the physically emotionally - sup Nursing care of pat following procedu Care of specimen - laboratory reques Care and cleaning o Safety Charting

NURSING CARE OF PATIENTS WITH DISEASES AND DISORDERS OF THE INTESTINAL SYSTEM

	Content Development	Patient-Related Activities
th ers m	Review structure and function - include accessory organs. Use torso, diagrams, charts.	Patient-Centered Problem Mr. Fred Brown, a young business executive, has been employed with his firm for five years. He is the father of two children. He is a member of numerous community organizations and the family leads a very active social life. They live in a $35,000 home and live rather luxuriously.
	Causes of digestive diseases and disorders unknown organic emotional	For the past year, Mr. Brown has had complaints of frequent "indigestion" that seemed to clear up with commercial preparations for relief of acid-stomach. Within the last two months he has been awakened at night with epigastric pain which was relieved with a glass of milk. Mr. Brown visited his doctor and a series of tests were ordered. Mr. Brown was admitted to the hospital for diagnostic tests.
	Diagnostic tests gastric analysis tubeless gastric analysis special preparation of patient special medication-histamine epinephrine 1:1000 (h) esophogoscopy and gastroscopy throat irrigation Drug therapy local anesthesia morphine demerol atropine sulphate aspirin	Purpose Equipment - assembling Procedure - observe and assist Preparation of the patient physically emotionally - support during procedure Nursing care of patient during and following procedure Care of specimen - label and sent with laboratory request form Care and cleaning of equipment Safety Charting

Topic	Content Development	Patient-Related Ac
Care of Patients with Diseases and Disorders of Intestinal System	Diagnostic Tests proctoscopy and sigmoidoscopy gastro-intestinal series and barium enema; fluoroscopy stool examination occult blood liver function tests blood serum urine feces liver biopsy cholecystography and cholangiography gastric lavage gastric gavage decompression tubes or catheter Levine, Miller-Abbott, Harris, Cantor	Doctor's orders an Oil retention enem ment Meat-free diet for Stool specimen tak while still warm Drugs;Telepaque or High-fat diet foll Check for completi solutions used, Foods used Use of blender to Care of tubes and use, after use, Routines vary amon hospitals
	Specific aspects of nursing the patient observation	Following the admi the ward, the doct List and interpret orders. Familiarity with s involved Need to locate sym areas Symptoms may not b the disease subjective sym objective symp Patient-Center
	Colostomy and ileostomy care	Mr. Smith, a patie as Mr. Brown, is a colostomy patient. go home. Discuss of patient teachin by the nurse.

	Content Development	Patient-Related Activities
	Diagnostic Tests	Doctor's orders and procedures
ith	proctoscopy and sigmoidoscopy	Oil retention enema following treatment
ders em	gastro-intestinal series and barium enema; fluoroscopy	Meat-free diet for three days
	stool examination occult blood	Stool specimen taken to the laboratory while still warm
	liver function tests blood serum urine feces	Drugs; Telepaque or Priodax (P.O.) High-fat diet following the films
	liver biopsy cholecystography and cholangiography	Check for completion of the series, solutions used, amount, temperature
	gastric lavage gastric gavage	Foods used Use of blender to prepare foods
	decompression tubes or catheter Levine, Miller-Abbott, Harris, Cantor	Care of tubes and catheters: before use, after use, storage Routines vary among physicians and hospitals
	Specific aspects of nursing the patient observation	Following the admission of Mr. Brown to the ward, the doctor left standing orders. List and interpret standing admission orders. Familiarity with structure and function involved Need to locate symptoms in specific areas Symptoms may not be characteristic of the disease subjective symptoms objective symptoms
	Colostomy and ileostomy care	Patient-Centered Problem Mr. Smith, a patient on the same ward as Mr. Brown, is a post-operative colostomy patient. He is preparing to go home. Discuss the various facets of patient teaching that must be taught by the nurse.

Unit 4

Topic	Content Development	Patient-Related
Care of Patients with Diseases and Disorders of Intestinal System		Structure and fu Prevention of co surgical wound Colostomy dressi good skin care prevention of teaching patie Irrigations Application and Diet management Psychological su medical superv
		Patient-Cen
	Gastrostomy care	Mr. White is hav feedings. Descr How are foods pr meet Mr. White's Reasons for gast Good oral care Good skin care a Diet management Emotional adjust
	Nursing care of the patient with diseases and disorders of the gastro-intestinal system Inflammatory diseases Stomatitis	Causes Symptoms - obser Treatment and me Nursing care Diet management Diagnostic tests Special mouth ca
	Thrush	
	Gastritis Enteritis	Care of symptoms nausea, diarrh

	Content Development	Patient-Related Activities
with orders stem		Structure and function of colostomy Prevention of contamination of the surgical wound Colostomy dressings good skin care prevention of odors teaching patient self-care Irrigations Application and care of ileostomy bag Diet management Psychological support; continued medical supervision
		Patient-Centered Problem
	Gastrostomy care	Mr. White is having regular gastrostomy feedings. Describe the methods used. How are foods prepared in order to meet Mr. White's dietary needs? Reasons for gastrostomy prosthesis Good oral care Good skin care around wound Diet management Emotional adjustment
	Nursing care of the patient with diseases and disorders of the gastro-intestinal system Inflammatory diseases Stomatitis	Causes Symptoms - observation of patients Treatment and medications Nursing care Diet management Diagnostic tests Special mouth care; good oral hygiene
	Thrush	
	Gastritis Enteritis	Care of symptoms as they appear; e.g., nausea, diarrhea

Topic	Content Development	Patient Related Ac
Care of Patients with Diseases and Disorders of Intestinal System	Colitis acute chronic	Need for psychothe support Intravenous fluids Drug therapy antibiotics penicillin Mycostatin sulfonamides sedation - phenobarbital nembutal chloral hydrat ACTH
	Appendicitis	Observation of sym Danger of peritoni
	Tumors cancer of the mouth cancer of the esophagus cancer of the stomach cancer of the colon cancer of the rectum benign tumors	Causes and predisp Symptoms Diagnostic tests Treatment Nursing care - inc support of patie Problem of narcoti
	Peptic ulcer	Mr. Brown has been peptic ulcer patie doctor order a pro amphojel q. 4h.and cathartics indicat Define and locate Cause Symptoms Diagnostic tests Treatment - diet Nursing care - sym support

	Content Development	Patient Related Activities
ith ders em	Colitis acute chronic	Need for psychotherapy and emotional support Intravenous fluids Drug therapy antibiotics penicillin Mycostatin sulfonamides sedation - phenobarbital nembutal chloral hydrate ACTH
	Appendicitis	Observation of symptoms Danger of peritonitis
	Tumors cancer of the mouth cancer of the esophagus cancer of the stomach cancer of the colon cancer of the rectum benign tumors	Causes and predisposing factors Symptoms Diagnostic tests Treatment Nursing care - include psychological support of patient Problem of narcotic addiction
	Peptic ulcer	Mr. Brown has been diagnosed as a peptic ulcer patient. Why did the doctor order a progressive Sippy diet, amphojel q. 4h. and bed rest? Why are cathartics indicated? Define and locate peptic ulcer Cause Symptoms Diagnostic tests Treatment - diet Nursing care - symptomatic, emotional support

Topic	Content Development	Patient-Related
Care of Patients with Diseases and Disorders of Intestinal System		Complications Charting Drug therapy sedation barbiturates tranquilizer antacids anti-spasmodic
	Peritonitis Intestinal obstruction Hernia - classify Congenital malformations Atresias Fistulas Cleft lip and palate	Incidence of pro chromosomes Education of par condition
	Functional disorders Indigestion Constipation Cardiospasm and pylorospasm Anal sphincter spasm Hyperacidity Psychic vomiting Air swallowing Hyperemesis gravidarum	Patient-Ce
	Nursing patients with diseases and disorders of the accessory organs of digestion liver biliary system pancreas	Mrs. Snow has be symptoms of acut pain. Signs of eyes and in skin of headache, fat The doctor puts precautions and made. A diagnos unknown origin i

	Content Development	Patient-Related Activities
s with sorders ystem		Complications Charting Drug therapy sedation barbiturates or tranquilizers antacids anti-spasmodics
	Peritonitis Intestinal obstruction Hernia - classify Congenital malformations Atresias Fistulas Cleft lip and palate	Incidence of problems - heredity, chromosomes Education of parents in accepting the condition
	Functional disorders Indigestion Constipation Cardiospasm and pylorospasm Anal sphincter spasm Hyperacidity Psychic vomiting Air swallowing Hyperemesis gravidarum	Patient-Centered Problem
	Nursing patients with diseases and disorders of the accessory organs of digestion liver biliary system pancreas	Mrs. Snow has been admitted with symptoms of acute upper right quadrant pain. Signs of jaundice appeared in eyes and in skin, T. 102° F., complains of headache, fatigue, and photophobia. The doctor puts the patient on isolation precautions and diagnostic tests are made. A diagnosis of hepatitis of unknown origin is made upon admission.

Topic	Content Development	Patient-Related
Care of Patients with Diseases and Disorders of Intestinal System		What are the dia Why is the patie precautions? Work out a nursi includes diet and drug thera diuretics anti-spasmod sedatives Patient-Cent
	Nursing the patient with operative conditions of the gastro-intestinal system Surgery of mouth cleft lip and palate tumors Abdominal surgery Gastrectomy Appendectomy	Mary Jones has b symptoms of lowe vomiting, temper distention of th appears dehydrat Upon questioning has not had a bo or five days. T include: bedrest nothing by mou cleansing enem routine urine pre-operative post-operative
	Colectomy Intestinal obstruction Herniorrhaphy Cholecystectomy Hemorrhoidectomy	How would the re assist the docto decision to oper Admission of pat Location of cond Pre-operative te Need for surgery Pre-operative pr Support of patie Recovery room Post-operative c Rehabilitation Patient and fami

Content Development	Patient-Related Activities
with orders of m	What are the diagnostic tests ordered? Why is the patient on isolation precautions? Work out a nursing care plan which includes diet management, treatment, and drug therapy diuretics anti-spasmodics sedatives
	Patient-Centered Problem
Nursing the patient with operative conditions of the gastro-intestinal system Surgery of mouth cleft lip and palate tumors Abdominal surgery Gastrectomy Appendectomy	Mary Jones has been admitted with symptoms of lower left quadrant pain, vomiting, temperature 103° F., distention of the abdomen. The patient appears dehydrated and apprehensive. Upon questioning, she states that she has not had a bowel movement for four or five days. The doctor's orders include: bedrest nothing by mouth cleansing enema routine urine and blood test pre-operative medications post-operative medications
Colectomy Intestinal obstruction Herniorrhaphy Cholecystectomy Hemorrhoidectomy	How would the results of the tests assist the doctor in making his decision to operate? Admission of patient Location of condition Pre-operative tests Need for surgery Pre-operative preparation Support of patient to operating room Recovery room Post-operative care Rehabilitation Patient and family teaching

Unit 5

NURSING CARE OF PATIENTS WITH DISEASES AND DISORDERS OF THE URINARY SYSTEM

Topic	Content Development	Patient-Related Act
Care of the Patients with Diseases and Disorders of the Urinary System	Review structure and function	Patient-Centere
	Causes of urinary diseases and disorders Pathogenic organisms Obstructions in urinary tract Tumors Trauma Allergies Degenerative diseases	Mr. Smythe was admi medical ward with c puffiness about the ankles. He had a s and small tender lu difficulty in breat feeling of general gone to work for tw orders include: urine tests - rou blood tests - rou throat culture low sodium - low measure intake an restrict fluids weigh daily
	Urinary output normal daily urine output abnormal conditions retention retention with overflow suppression residual incontinence	Why is it important intake and output? What is included? What tests and proc determine bladder a What methods are us specimens? How does the nurse in a stress situati Define each of the hematuria anuria dysuria polyuria

NURSING CARE OF PATIENTS WITH DISEASES AND DISORDERS OF THE URINARY SYSTEM

Content Development	Patient-Related Activities
Review structure and function	Patient-Centered Problem
Causes of urinary diseases and disorders Pathogenic organisms Obstructions in urinary tract Tumors Trauma Allergies Degenerative diseases	Mr. Smythe was admitted to the male medical ward with complaints of puffiness about the eyes, face, and ankles. He had a sore throat, headache, and small tender lumps in each groin and difficulty in breathing. He had a feeling of general malaise and had not gone to work for two days. The doctor's orders include: urine tests - routine blood tests - routine, blood urea throat culture low sodium - low protein diet measure intake and output restrict fluids weigh daily
Urinary output normal daily urine output abnormal conditions retention retention with overflow suppression residual incontinence	Why is it important to measure daily intake and output? What is included? What tests and procedures are used to determine bladder and kidney function? What methods are used to collect urine specimens? How does the nurse support the patient in a stress situation? Define each of the following conditions: hematuria anuria dysuria polyuria

Topic	Content Development	Patient-Related
Care of Patients with Diseases and Disorders of Urinary System		Drug therapy Diuretics function effect kinds: mercurial, toxicology
	Composition of urine physical characteristics chemical composition abnormal constituents	Diagnostic tests collection of routine sterile catheteriz washed and urine tests commercial: fractional (urine cultur kidney functio urea clearan non-protein blood urea n concentratio phenolsulfon other tests an radio-opaque substances a x-ray pyelography: cystography cystoscopy dialysis

s with
sorders of

Content Development

- Composition of urine
  - physical characteristics
  - chemical composition
  - abnormal constituents

Patient-Related Activities

- Drug therapy
  - Diuretics
    - function
    - effect
    - kinds:
      - mercurial, thiazide
    - toxicology
- Diagnostic tests and procedures
  - collection of specimens
    - routine
    - sterile
      - catheterized
      - washed and "clean catch" specimen
  - urine tests
    - commercial: "Clinitest, Acetest"
    - fractional (two-glass) test
    - urine culture
  - kidney function tests
    - urea clearance
    - non-protein nitrogen "N.P.N."
    - blood urea nitrogen "B.U.N."
    - concentration and dilution tests
    - phenolsulfonphthalein "P.S.P."
  - other tests and procedures - use of
    - radio-opaque
    - substances and dyes
    - x-ray
    - pyelography: intravenous, retrograde
    - cystography
    - cystoscopy
    - dialysis

Topic	Content Development	Patient-Related Ac
Care of the Patients with Diseases and Disorders of Urinary System		outline to be used above tests preparation of p doctor's order assist with proc care of the spec laboratory charting after care of pa Patient-Cente
	Specific aspects of nursing the patient with diseases and disorders of the urinary system intake and output	Mr. Smythe is compl lower back pain. is blood in his ur perature elevated an episode of shak doctor's orders in routine urinalys intravenous pyel
		Why are the above What will the "I.V
	provision for urinary drainage	Patient assist wit record. High flui
		Review care of equ after procedure.
	purpose methods catheter care post-operative catheter care pyelostomy nephrostomy ureterostomy cystostomy	Outline to be foll condition purposes of cath location of cath post-operative nu observation of c procedure for ca charting

	Content Development	Patient-Related Activities
ts Disorders		outline to be used for each of the above tests preparation of patient - follow doctor's orders exactly - medication assist with procedure care of the specimen: labeling, to laboratory charting after care of patient
		Patient-Centered Problem
	Specific aspects of nursing the patient with diseases and disorders of the urinary system	Mr. Smythe is complaining of sharp lower back pain. He says that there is blood in his urine at times. Temperature elevated to 104° F. following an episode of shaking chills. The doctor's orders include:
	intake and output	routine urinalysis intravenous pyelogram
		Why are the above tests ordered? What will the "I.V.P." reveal?
	provision for urinary drainage	Patient assist with intake and output record. High fluid intake.
		Review care of equipment during and after procedure.
	purpose methods catheter care post-operative catheter care pyelostomy nephrostomy ureterostomy cystostomy	Outline to be followed for each condition purposes of catheters location of catheters post-operative nursing care observation of catheters and drainage procedure for catheter irrigation charting

Topic	Content Development	Patient-Related Ac
Care of Patients with Diseases and Disorders of Urinary System	removal of catheters	
	dressings need of types	Teaching patient t including: ureterostomy cup ileostomy bag Drug therapy ointments for sk Desitin A & D
	ileal bladder care	Use of disposable Prevention of odor Care of skin
	follow-up care	Continuity of care home rehabilitatio
	Non-infectious diseases Bright's Disease Nephritis Nephrosis Nephrosclerosis Toxemias of pregnancy	After three weeks free. He is begin for discharge. Di of patient and fam diet medication sedation diuretics anti-spasmodic daily weighing awareness of pos related to his c

th
ers

Content Development	Patient-Related Activities
removal of catheters	
dressings	Teaching patient to care for dressings, including:
need of	ureterostomy cup
types	ileostomy bag
	Drug therapy
	ointments for skin
	Desitin
	A & D
ileal bladder care	Use of disposable bag
	Prevention of odor
	Care of skin
follow-up care	Continuity of care between hospital and home rehabilitation
Non-infectious diseases Bright's Disease Nephritis Nephrosis Nephrosclerosis Toxemias of pregnancy	After three weeks Mr. Smythe is symptom-free. He is beginning to be prepared for discharge. Discuss the education of patient and family in relation to diet medication sedation diuretics anti-spasmodics daily weighing awareness of possible symptoms related to his condition

Topic	Content Development	Patient-Related
Care of Patients with Diseases and Disorders of Urinary System	Infectious diseases Cystitis Pyelitis and Pyelonephritis Peri-nephritic abscess Tuberculosis of the kidney	Use following occurrence symptoms diagnostic te treatment drug therapy
	Obstruction of the urinary system renal calculi renal colic	**antibiotics** Demerol anti-spasmo
	Hydronephrosis	nursing care education of
	Traumatic injuries	charting - in
	Tumors	
	Renal failure - uremia	Mr. Smythe has exaggerated sym nephritis. He urinary output, face and ankles dialysis to inc
	Operative conditions Nephrectomy Nephrostomy	Describe cause pitting edema. What medications increase kidney Discuss the nurs having renal di
		Mr.Smythe's lab presence of kidn result, the doct perform a nephr

	Content Development	Patient-Related Activities
ts with isorders tem	Infectious diseases Cystitis Pyelitis and Pyelonephritis Peri-nephritic abscess Tuberculosis of the kidney	Use following outline for each condition: occurrence symptoms diagnostic tests treatment drug therapy
	Obstruction of the urinary system renal calculi renal colic	antibiotics - penicillin Demerol anti-spasmodics
	Hydronephrosis	nursing care
	Traumatic injuries	education of patient and family charting - include "Intake and Output"
	Tumors	
	Renal failure - uremia	Mr. Smythe has been readmitted with exaggerated symptoms of chronic nephritis. He has a greatly decreased urinary output, marked swelling of face and ankles. The doctor orders dialysis to increase kidney function.
	Operative conditions Nephrectomy Nephrostomy	Describe cause and characteristics of pitting edema. What medications could be used to increase kidney function? Discuss the nursing care of patient having renal dialysis.
		Mr. Smythe's laboratory tests show the presence of kidney stones. As a result, the doctor has decided to perform a nephrostomy.

Topic	Content Development	Patient-Related
Care of Patients with Diseases and Disorders of Urinary System		What are the ad Mr. Smythe? What diagnostic What is a nephr performed? What are the pos complications?
	Ureteral transplants Uretero-sigmoidostomy Ileostomy Cutaneous ureterostomy Neobladder	Mr. Smythe must from the hospit How do you prep family for his hospital?
	Ureterotomy Cystotomy and cystectomy Urethral stricture Congenital malformations	Stress psycholog
	Renal homotransplants	
	Psycho-social aspect	Patients feel v loss of a kidney Keep patient dry

	Content Development	Patient-Related Activities
s with sorders em		What are the admission routines for Mr. Smythe? What diagnostic tests are involved? What is a nephrostomy and why is it performed? What are the possible post-operative complications?
	Ureteral transplants Uretero-sigmoidostomy Ileostomy Cutaneous ureterostomy Neobladder	Mr. Smythe must be prepared for discharge from the hospital. How do you prepare Mr. Smythe and the family for his discharge from the hospital?
	Ureterotomy Cystotomy and cystectomy Urethral stricture Congenital malformations Renal homotransplants	Stress psychological stress of patient.
	Psycho-social aspect	Patients feel very threatened by the loss of a kidney. Keep patient dry, clean, and odor free.

Topic	Content Development	Patient-Related Ac
Care of Patients with Diseases and Disorders of Reproductive System	Review structure and function puberty menstruation menopause	
	Disturbances of menstruation dysmenorrhea amenorrhea menorrhagia metrorrhagia Diagnostic tests and procedures physical examination Aschheim-Zondek test Friedman test Rubin test Papanicolaou Smear test	Patient-Ce Mrs. Ramirez, moth is admitted to the of metrorrhagia, d feeling of pressur region. She is tw and her youngest c old. Mrs. Ramirez enlarged abdomen a great fatigue. Sh that she may be pr might abort.
	Nursing the female patient with diseases and disorders of the reproductive system conditions affecting external genitals and vagina vulvitis, vulvectomy vaginitis leukorrhea vulvovaginitis vesicovaginal fistula, cystocele recto-vaginal fistula, rectocele malignant lesion conditions affecting cervix and uterus cervicitis uterine displacement prolapse tumors hysterectomy	The following orde doctor: in bed admission specim Ascheim-Zondek T complete physica flat plate of th A diagnosis of ute What symptoms de diagnosis? What further tes How is the patie diagnostic tests Hysterectomy is rec physician. How are Mr. and Mrs for this surgical Why is this prepara

NURSING CARE OF PATIENTS WITH

DISEASES AND DISORDERS OF THE REPRODUCTIVE SYSTEM

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Content Development

- Review structure and function
  - puberty
  - menstruation
  - menopause
- Disturbances of menstruation
  - dysmenorrhea
  - amenorrhea
  - menorrhagia
  - metrorrhagia
- Diagnostic tests and procedures
  - physical examination
  - Aschheim-Zondek test
  - Friedman test
  - Rubin test
  - Papanicolaou Smear test
- Nursing the female patient with diseases and disorders of the reproductive system
  - conditions affecting external genitals and vagina
    - vulvitis, vulvectomy
    - vaginitis
    - leukorrhea
    - vulvovaginitis
    - vesicovaginal fistula, cystocele
    - recto-vaginal fistula, rectocele
    - malignant lesion
  - conditions affecting cervix and uterus
    - cervicitis
    - uterine displacement
    - prolapse
    - tumors hysterectomy

Patient-Related Activities

Patient-Centered Problem

Mrs. Ramirez, mother of two children, is admitted to the hospital complaining of metrorrhagia, dysmenorrhea, and a feeling of pressure in the pelvic region. She is twenty-eight years old, and her youngest child is two years old. Mrs. Ramirez complains of an enlarged abdomen and a feeling of great fatigue. She is also concerned that she may be pregnant and that she might abort.

The following orders were left by her doctor:

- in bed
- admission specimens of urine and stool
- Ascheim-Zondek Test
- complete physical examination
- flat plate of the abdomen

A diagnosis of uterine fibroids was made.
What symptoms determined this diagnosis?
What further tests will verify it?
How is the patient prepared for diagnostic tests?

Hysterectomy is recommended by physician.
How are Mr. and Mrs. Ramirez prepared for this surgical procedure?

Why is this preparation essential?

Topic	Content Development	Patient-Related A
Care of Patients with Diseases and Disorders of Reproductive System	Special clinics	
	fertility	
	contraception	
	family planning	
Female		
	Conditions affecting ovaries and fallopian tubes	
	salpingitis-salpingectomy	
	cysts and tumors - oophorectomy	
	ectopic pregnancy	
	Drug therapy	
	general anesthesia	
	intravenous fluids	
	whole blood transfusion	
	demerol	
	milk of magnesia	
	mineral oil	
	Conditions affecting the breast	
	self-examination	
	mastitis	
	tumors	
	benign	
	malignant	
	mastectomy	
	simple	
	radical	
	rehabilitation	

Content Development	Patient-Related Activities

- Special clinics
  - fertility
  - contraception
  - family planning

- Conditions affecting ovaries and fallopian tubes
  - salpingitis-salpingectomy
  - cysts and tumors - oophorectomy
  - ectopic pregnancy

- Drug therapy
  - general anesthesia
  - intravenous fluids
  - whole blood transfusion
  - demerol
  - milk of magnesia
  - mineral oil

- Conditions affecting the breast
  - self-examination
  - mastitis
  - tumors
    - benign
    - malignant
      - mastectomy
        - simple
        - radical
    - rehabilitation

Unit 6

Topic	Content Development	Patient-Related
Care of Patients with Diseases and Disorders of Reproductive System Male	Nursing the male patient external genitalia congenital malformations cryptorchidism penile ulcerations malignant lesions	
	Testes and adjacent structures epididymitis orchitis hydrocele tumors	Patient-Cen
	Prostate glands prostatectomy acute benign cancer	Mr. Schwartz, ag the hospital com nocturnal urinat starting the str hematuria. Mr. He states that h family.

	Content Development	Patient-Related Activities
with rders of em	Nursing the male patient external genitalia congenital malformations cryptorchidism penile ulcerations malignant lesions Testes and adjacent structures epididymitis orchitis hydrocele tumors Prostate glands prostatectomy acute benign cancer	Patient-Centered Problem Mr. Schwartz, aged 76, is admitted to the hospital complaining of frequent nocturnal urination and difficulty in starting the stream and frequent hematuria. Mr. Schwartz is apprehensive. He states that he has no interested family.

Topic	Content Development	Patient-Related Activit
Care of Patient with Diseases and Disorders of Reproductive System Male	Prostatectomy Surgical procedures reasons for performing surgery diagnostic procedure laboratory tests preparation: physical, emotional, family post-operative care methods of treatment exenteration-evisceration pelvic perfusion radium implant cobalt therapy rehabilitation	The admission orders in rest in bed chart and total intak routine admission tes 24-hour specimen I.V.P. P.S.P. complete physical exa drug therapy urinary antiseptic phenobarbital general or local an A diagnosis of prostati made. An indwelling ca Patient is placed on fo Why is prostatic hypert at this age? Why was a "24-hour spec ordered on admission Why was an indwelling c following diagnosis? Outline care of the pat indwelling catheter. A prostatectomy is rec Mr. Schwartz's physician How is the patient prep physically, mentally, Develop the nursing car operative care. How can the hospital so department contribute rehabilitation?

Content Development

Prostatectomy

Surgical procedures
- reasons for performing surgery
- diagnostic procedure
- laboratory tests
- preparation: physical, emotional, family
- post-operative care
- methods of treatment
  - exenteration-evisceration
  - pelvic perfusion
  - radium implant
  - cobalt therapy
- rehabilitation

Patient-Related Activities

The admission orders include:
- rest in bed
- chart and total intake and output
- routine admission tests
- 24-hour specimen
- I.V.P.
- P.S.P.
- complete physical examination
- drug therapy
  - urinary antiseptic
  - phenobarbital
  - general or local anesthesia

A diagnosis of prostatic hypertrophy is made. An indwelling catheter is inserted. Patient is placed on force fluids.

Why is prostatic hypertrophy serious at this age?
Why was a "24-hour specimen" of urine ordered on admission of the patient?
Why was an indwelling catheter inserted following diagnosis?
Outline care of the patient with an indwelling catheter.

A prostatectomy is recommended by Mr. Schwartz's physician.

How is the patient prepared for surgery: physically, mentally, and emotionally?
Develop the nursing care plan for post-operative care.
How can the hospital social service department contribute to a plan for rehabilitation?

Topic	Content Development	Patient-Related Act
Care of Patients with Diseases and Disorders of Reproductive System Female	Abortion classification and causes spontaneous threatened incomplete missed habitual therapeutic criminal	List the dangers of Report on what is t abortions in this state.
	Dangers of abortion	
	Abortions and the law	

	Content Development	Patient-Related Activities
with orders System	Abortion classification and causes spontaneous threatened incomplete missed habitual therapeutic criminal	List the dangers of abortion. Report on what is the legality of abortions in this city and this state.
	Dangers of abortion	
	Abortions and the law	

Unit 6

Topic	Content Development	Patient-Related
Care of Patients with Diseases and Disorders of Reproductive System Male and Female	Venereal disease classification syphilis gonorrhea chancroid lymphogranuloma venereum lymphogranuloma inguinale	Report on incidence disease of adolesc List available agenc where treatment m
	Causes Symptoms Diagnosis United States Public Health Service Treatment Complications Sociologic Factors Trends	

	Content Development	Patient-Related Activities
with rders ystem	Venereal disease classification syphilis gonorrhea chancroid lymphogranuloma venereum lymphogranuloma inguinale	Report on incidence of venereal disease of adolescence today. List available agencies in New York City where treatment may be obtained.
	Causes Symptoms Diagnosis United States Public Health Service Treatment Complications Sociologic Factors Trends	

NURSING CARE OF PATIENTS WITH

Unit 7

DISEASES AND DISORDERS OF THE ENDOCRINE SYSTEM

Topic	Content Development	Patient-Related Ac
Care of Patients with Diseases and Disorders of the Endocrine System	Review structure and function of the endocrine glands	
Thyroid	Diagnostic tests and procedures blood chemistry urine-analysis - 24-hour specimen basal metabolic rate P.B.I. radio-active iodine uptake method precautions	Patient-Centere
	Diseases and disorders of the thyroid gland simple goiter hyperthyroidism - Graves' disease symptoms diagnostic tests treatment -Lugo's solution,phenobarbital nursing care / propylthiouracil thyroidectomy preparation for surgery post-operative care hypothyroidism myxedema - adult cretinism - child symptoms diagnostic tests treatment - thyroid extract nursing care	Mrs. Reilly, a 26- clerical worker,ha of nervousness, di swallowing, rapid weight loss. She irritable and "cri doctor advised hos and further tests. Admission orders i bed rest with ba house diet - 350 propylthiouracil phenobarbital g weigh g.d. routine tests in urine, P.B.I.
	Tumors of the thyroid surgical removal irradiation Surgery pre-operative preparation of the patient post-operative care	Why was a 3500-cal Mrs. Reilly? What is the purpos patient daily? What symptoms woul help to allay?

NURSING CARE OF PATIENTS WITH

DISEASES AND DISORDERS OF THE ENDOCRINE SYSTEM

Content Development

Review structure and function of the endocrine glands

Diagnostic tests and procedures
- blood chemistry
- urine-analysis - 24-hour specimen
- basal metabolic rate
- P.B.I.
- radio-active iodine uptake
  - method
  - precautions

Diseases and disorders of the thyroid gland
- simple goiter
- hyperthyroidism - Graves' disease
  - symptoms
  - diagnostic tests
  - treatment-Lugo's solution, phenobarbital / propylthiouracil
  - nursing care
  - thyroidectomy
    - preparation for surgery
    - post-operative care
- hypothyroidism
- myxedema - adult
- cretinism - child
  - symptoms
  - diagnostic tests
  - treatment - thyroid extract
  - nursing care

Tumors of the thyroid
- surgical removal
- irradiation

Surgery
- pre-operative preparation of the patient
- post-operative care

Patient-Related Activities

Patient-Centered Problem

Mrs. Reilly, a 26-[illegible]r-old married clerical worker, has noticed a feeling of nervousness, difficulty in swallowing, rapid heart beat, and weight loss. She has become increasingly irritable and "cries over nothing." The doctor advised hosptialization for rest and further tests.

Admission orders include:
- bed rest with bathroom privileges
- house diet - 3500 calories
- propylthiouracil 200 mg. t.i.d.
- phenobarbital gr. $\frac{1}{4}$ t.i.d.
- weigh g.d.
- routine tests including blood, urine, P.B.I.

Why was a 3500-calorie diet ordered for Mrs. Reilly?

What is the purpose of weighing the patient daily?

What symptoms would the phenobarbital help to allay?

Unit 7

Topic	Content Development	Patient-Related Ac
Care of Patients with Diseases and Disorders of the Endocrine System	Thyroidectomy	Her doctor recomme explained the need to both Mr. and Mr
Thyroid	pre-operative care	Pre-operative orde N.P.O. after mid s.s. enema this preparation of n seconal gr. 1½ h demerol 50 mg. a I.M. at 6:45 A type and cross m blood
		How is Mrs. Reilly Would she require Why?
	post-operative care	Post-operative ord flat in bed unti then semi-Fowler B.P. and pulse q Demerol 25 mg. q fluids and soft
		What are some of t complications th observe? Why is the patient position? Indicate why B.P. and recorded q. Make a list of abb this patient-cen sure you know th

	Content Development	Patient-Related Activities
th ers stem	Thyroidectomy	Her doctor recommended surgery and explained the need and the procedure to both Mr. and Mrs. Reilly.
	pre-operative care	Pre-operative orders include: N.P.O. after midnight s.s. enema this evening preparation of neck, chest, shoulders seconal gr. 1½ h.s. demerol 50 mg. and atropine gr. 1/100 I.M. at 6:45 A.M. OR - 7:30 A.M. type and cross match for 1000 c.c. of blood How is Mrs. Reilly prepared for surgery? Would she require emotional support? Why?
	post-operative care	Post-operative orders include: flat in bed until fully reacted, then semi-Fowler's position B.P. and pulse q. 15 min. until stable Demerol 25 mg. q. 4 h., p.r.n. fluids and soft diet as tolerated What are some of the post-operative complications that the nurse might observe? Why is the patient kept in semi-Fowler's position? Indicate why B.P. and pulse are taken and recorded q. 15 min. Make a list of abbreviations used in this patient-centered problem and be sure you know the meaning of each.

Unit 7

Topic	Content Development	Patient-Related A
		Patient-Cente
Care of Patients with	Diseases and disorders of	Bobby, aged seve
Diseases and Disorders	the pancreas	hospital in a sta
of Endocrine System	diabetes mellitus	He is having diff
	symptoms	his breath has a
Pancreas	nursing care plan	mother and father
	urine testing	an upset stomach,
Islands of Langerhans	diet calculated for	and then "fell as
	individual patient	their family doct
	insulin	unable to rouse B
	hypodermic	meet him with Bob
	regular	of the hosptial.
	crystalline	
	protamine zinc	What is the cause
	oral	of the breath?
	orinase	Why did the docto
	diabinese	bring Bobby to
	D.B.I.	immediately?
	hygiene	
		The doctor ordere
	Complication	urine analysis to
	acidosis and coma	An intravenous in
	insulin reaction	Bobby was admitte
	arteriosclerosis	Following the res
	inflammation of retina	diagnosis of poss
	peripheral neuritis	was made.
	pregnancy	
	surgery	What is diabetes
		Of what diagnosti
		sugar, and urine
		Regular insulin w
		administered care
	hypoglycemia	When Bobby regain
		further testing w
		the diagnosis.
		What additional b
		done?
		What urine tests

Content Development

Diseases and disorders of the pancreas
- diabetes mellitus
  - symptoms
  - nursing care plan
    - urine testing
    - diet calculated for individual patient
    - insulin
      - hypodermic
        - regular
        - crystalline
        - protamine zinc
      - oral
        - orinase
        - diabinese
        - D.B.I.
      - hygiene

Complication
- acidosis and coma
- insulin reaction
- arteriosclerosis
- inflammation of retina
- peripheral neuritis
- pregnancy
- surgery

hypoglycemia

Patient-Related Activities

Patient-Centered Problem

Bobby, aged seven, is admitted to the hospital in a state of unconsciousness. He is having difficulty in breathing; his breath has a peculiar odor. His mother and father said that he had had an upset stomach, had been vomiting, and then "fell asleep." They called their family doctor when they were unable to rouse Bobby. He asked them to meet him with Bobby in the emergency room of the hosptial.

What is the cause of the peculiar odor of the breath?
Why did the doctor ask the parents to bring Bobby to the hospital immediately?

The doctor ordered a blood, sugar, and urine analysis to be done immediately. An intravenous infusion was started and Bobby was admitted to the hospital. Following the results of the tests a diagnosis of possible diabetes mellitus was made.

What is diabetes mellitus?
Of what diagnostic value was the blood, sugar, and urine analysis?

Regular insulin was ordered to be administered carefully in the I.V. When Bobby regained consciousness further testing was done to confirm the diagnosis.
What additional blood tests will be done?
What urine tests will be done?

Topic	Content Development	Patient-Related A
Care of Patients with Disorders and Diseases of Endocrine System Pancreas Islands of Langerhans		Diabetes mellitus Bobby and his par to care for this What hospital age in this teachin What are the majo teaching must t How is Bobby help adjustment to n
Parathyroid	Diseases and disorders of the parathyroid hyper-parathyroidism-(spontaneous fracture) hypo-parathyroidism-tetany	Drug therapy calcium lactate A.T. 10 or hytak
Adrenal	Diseases and disorders of the adrenals adrenel cortex secretions hormones steroids Addison's Disease - hypo-secretion Cushing's Syndrome - hyper-secretion medulla hormones	

	Content Development	Patient-Related Activities
ith ases of rhans		Diabetes mellitus is confirmed. Bobby and his parents must be taught to care for this condition. What hospital agencies would be involved in this teaching? What are the major areas in which teaching must take place? How is Bobby helped to make an adjustment to normal living?
	Diseases and disorders of the parathyroid hyper-parathyroidism-(spontaneous fracture) hypo-parathyroidism-tetany	Drug therapy calcium lactate A.T. 10 or hytakevol
	Diseases and disorders of the adrenals adrenel cortex secretions hormones steroids Addison's Disease - hypo-secretion Cushing's Syndrome - hyper-secretion medulla hormones	

Unit 7

Topic	Content Development	Patient-Related A
Care of Patients with Disorders and Diseases of Endocrine System Pituitary	Diseases and disorders of the pituitary gland - master gland secretions anterior lobe posterior lobe hypersecretion giantism - child acromegaly - adult hyposecretion dwarfism - child	

	Content Development	Patient-Related Activities
ith ses	Diseases and disorders of the pituitary gland - master gland secretions anterior lobe posterior lobe hypersecretion giantism - child acromegaly - adult hyposecretion dwarfism - child	

Unit 8

NURSING CARE OF PATIENTS WITH DISEASES AND DISORDERS OF THE NERVOUS SYSTEM

Topic	Content Development	Patient-Related A
Care of the Patient with Diseases and Disorders of the Nervous System	Review structure and function of the nervous system	
	Diagnostic tests and procedures	
	neurologic examination	
	disturbance of sensation	
	vision	
	co-ordination	
	taste	
	smell	
	lumbar puncture	Study outline for
	cisternal puncture	preparation of
	cerebral arteriography	preparation of
	ventriculography	support of pati
	pneumo-encephalography	care of patient
	myelography	care of supplie
	electroencephalography	report and inte
	caloric test	results
	radio active iodine - tagged albumin test	
	x-ray examination	
	Pain	Drug therapy
	kinds	sedatives
	superficial	narcotics
	deep	
	referred	
	individual reaction to pain	
	Levels of consciousness	Role of the nurse
	confusion	acceptance
	disorientation	understanding
	delirium	control of pati
	stupor	safety of patie
	coma	responsibility
		carrying out do
		interpreting co
		and community

NURSING CARE OF PATIENTS WITH DISEASES AND DISORDERS OF THE NERVOUS SYSTEM

Content Development	Patient-Related Activities
Review structure and function of the nervous system	
Diagnostic tests and procedures neurologic examination disturbance of sensation vision co-ordination taste smell lumbar puncture cisternal puncture cerebral arteriography ventriculography pneumo-encephalography myelography electroencephalography caloric test radio active iodine - tagged albumin test x-ray examination	Study outline for all tests preparation of patient for examination preparation of equipment support of patient during the test care of patient following the test care of supplies and equipment report and interpretation of test results
Pain kinds superficial deep referred individual reaction to pain	Drug therapy sedatives narcotics
Levels of consciousness confusion disorientation delirium stupor coma	Role of the nurse acceptance understanding control of patient safety of patient and others responsibility for patient carrying out doctor's orders interpreting condition to relatives and community

Unit 8

Topic	Content Development	Patient-Related A
Care of Patient with Diseases and Disorders of Nervous System	Nursing patients with diseases and disorders of the nervous system	
Infectious Diseases	Infectious diseases Meningitis Encephalitis - antibiotics Poliomyelitis - sera C.N.S. syphilis - penicillin, arsenicals Meningo-vascular syphilis } gold Tabes dorsalis } gold General paresis } gold	Study outline for causative organ symptoms diagnostic test nursing care pl treatment isolation techn medication rehabilitation
Degenerative Diseases	Degenerative diseases Multiple sclerosis Parkinson's disease- (paralysis agitans) Myasthenia gravis Cerebral vascular accident (c.v.a.) hemiplegia aphasia Convulsive disorders temperature elevation grand mal petit mal	medication L-dopa Prostigmin Pyridostigmin (Mestinoa) anti-convulsants dilantin phenobarbital diamox

	Content Development		Patient-Related Activities
h	Nursing patients with diseases		
ers	and disorders of the nervous system		
	Infectious diseases		Study outline for infectious disease
	Meningitis		causative organism
	Encephalitis - antibiotics		symptoms
	Poliomyelitis - sera		diagnostic tests
	C.N.S. syphilis - penicillin, arsenicals		nursing care plan
	Meningo-vascular syphilis	gold	treatment
	Tabes dorsalis		isolation technique
	General paresis		medication
			rehabilitation
es	Degenerative diseases		
	Multiple sclerosis		
	Parkinson's disease-		medication
	(paralysis agitans)		L-dopa
	Myasthenia gravis		
	Cerebral vascular accident (c.v.a.)		Prostigmin
	hemiplegia		Pyridostigmin
	aphasia		(Mestinoa)
	Convulsive disorders		
	temperature elevation		anti-convulsants
	grand mal		dilantin
	petit mal		phenobarbital
			diamox

Topic	Content Development	Patient-Related A
Care of Patient with Diseases and Disorders of Nervous System	Epilepsy	Patient-Centere Mary Santos is a adolescent showin irritability. Sh temper tantrums. clinic by her mot of the school hea is uncooperative, and shows signs o and mouth. Her t been bitten rathe mother complains nervous and cries vocabulary, when abusive. The doctor orders order to make a d orders include: routine admissi in bed for the regular diet electroencephal Why were these sy the school heal What is the purpo electroencephal The second day af A.M., Mary had a The nurse called who was able to o seizure.

	Content Development	Patient-Related Activities
th ders	Epilepsy	Patient-Centered Problem Mary Santos is a fifteen year old adolescent showing signs of increased irritability. She also has uncontrolled temper tantrums. She is brought to the clinic by her mother at the suggestion of the school health counselor. She is uncooperative, overweight, aggressive, and shows signs of bruises on her face and mouth. Her tongue has recently been bitten rather severely. The mother complains that the child is nervous and cries easily. Her vocabulary, when angry, becomes abusive. The doctor orders hospitalization in order to make a diagnosis. Admission orders include: routine admission tests in bed for the first 24 hours regular diet electroencephalogram Why were these symptoms significant to the school health counselor? What is the purpose of the electroencephalogram? The second day after admission at six A.M., Mary had a grand mal seizure. The nurse called the resident doctor who was able to observe part of this seizure.

Unit 8

Topic	Content Development	Patient-Related
Care of Patient with Diseases and Disorders of Nervous System	Epilepsy	Orders followin complete bed r mouth gag at b consultation w What symptoms di that prompted resident physi What first aid s did the nurse A diagnosis of g made. Why are Mary and recognize symp onset of an at What medications are ordered? Tridione Dilantin What is the role worker in teac family the nee and medical su How can the Sant accept this co
	Head injuries concussion sub-dural hemorrhage	Patient-Cent Mr. Caruso, aged the hospital fol icy street, hitt curb. Upon admi having a blackou and some nausea. had hit his head become temporari

	Content Development	Patient-Related Activities
with orders m	Epilepsy	Orders following the seizure included: complete bed rest mouth gag at bedside consultation with neurological staff What symptoms did the nurse observe that prompted her to call the resident physician? What first aid and protective measures did the nurse carry out? A diagnosis of grand mal epilepsy was made. Why are Mary and her family taught to recognize symptoms leading to the onset of an attack? What medications and protective measures are ordered? Tridione Dilantin What is the role of the hospital social worker in teaching Mary and her family the need for continuing care and medical supervision? How can the Santos family be helped to accept this condition?
		Patient-Centered Problem
	Head injuries concussion sub-dural hemorrhage	Mr. Caruso, aged 35, was admitted to the hospital following a fall on an icy street, hitting his head on the curb. Upon admission he complained of having a blackout, headache, dizziness, and some nausea. He reported that he had hit his head so hard that he had become temporarily cross-eyed.

Topic	Content Development	Patient-Related
Care of Patient with Diseases and Disorders of Nervous System	Head injuries	His admission ord complete bed re routine laborat soft diet lumbar puncture complete neurol What symptoms cau suspicious of s Why was the supin What is the purpo puncture? What is included neurological ex
	Concussion sub-dural hemorrhage	As a result of th of concussion was specimen of spina A spinal puncture done q.o.d. Mr. ively more uncomf disoriented and h in severity. The an increased amou consultation with held. Following patient's conditi diagnosis of sub-
	craniotomy	made. Cerebral a performed. A cra to relieve the pr the hematoma. Th to the intensive

	Content Development	Patient-Related Activities
ith rders	Head injuries	His admission orders included: complete bed rest - flat in bed routine laboratory tests soft diet lumbar puncture, stat. complete neurological examination What symptoms caused the nurse to be suspicious of a head injury? Why was the supine position ordered? What is the purpose of the lumbar puncture? What is included in the complete neurological examination?
	Concussion sub-dural hemorrhage craniotomy	As a result of the tests, a diagnosis of concussion was made. A bedside specimen of spinal fluid was ordered. A spinal puncture was ordered to be done q.o.d. Mr. Caruso grew progressively more uncomfortable, confused, disoriented and headaches increased in severity. The spinal fluid showed an increased amount of blood. A consultation with a neurosurgeon was held. Following a study of the patient's condition and the tests, a diagnosis of sub-dural hematoma was made. Cerebral arteriography was performed. A craniotomy was scheduled to relieve the pressure and to remove the hematoma. The patient was moved to the intensive care unit.

Topic	Content Development	Patient-Related
Care of Patient with Diseases and Disorders of Nervous System		What would a cer the doctor? How is the patie How was the pati prepared for t surgery? What is the imme care of the pa What should be i teaching?
	Neuritis and neuralgia polyneuritis sciatica trigeminal neuralgia	Drug therapy Vitamin B_1 sedatives narcotics
	Bell's Palsy	Rehabilitation pr
	Injuries to spinal cord incidence Quadriplegia Hemiplegia Paraplegia first aid positioning elimination diet relief of pain - narcotics daily care complications rehabilitation patient family community rupture of intervertebral disc tumors of brain and spinal cord	Disfigurement

	Content Development	Patient-Related Activities
ith rders		What would a cerebral arteriography tell the doctor?
		How is the patient prepared for surgery?
		How was the patient and his family prepared for the possible results of surgery?
		What is the immediate post-operative care of the patient?
		What should be included in patient teaching?
	Neuritis and neuralgia	
	polyneuritis	
	sciatica	
	trigeminal neuralgia	Drug therapy
		Vitamin B_1
		sedatives
		narcotics
	Bell's Palsy	Rehabilitation problem
	Injuries to spinal cord	Disfigurement
	incidence	
	Quadriplegia	
	Hemiplegia	
	Paraplegia	
	first aid	
	positioning	
	elimination diet	
	relief of pain - narcotics	
	daily care	
	complications	
	rehabilitation	
	patient	
	family	
	community	
	rupture of intervertebral disc	
	tumors of brain and spinal cord	

Unit 8

Topic	Content Development	Patient-Related Ac
Care of Patient with Diseases and Disorders of Nervous System	Operative procedures craniotomy laminectomy	Study outline for symptoms diagnostic tests pre-operative pr post-operative c nursing care pla rehabilitation education of fam

	Content Development	Patient-Related Activities
h ers	Operative procedures craniotomy laminectomy	Study outline for surgical conditions symptoms diagnostic tests pre-operative preparation post-operative care nursing care plan rehabilitation education of family and patient

NURSING CARE OF PATIENTS WITH
Unit 9 DISEASES AND DISORDERS OF THE SPECIAL SENSES

Topic	Content Development	Patient-Related
Care of the Patient with Diseases and Disorders of Special Senses		
Eye	Review structure and function of the eye.	
	Diagnostic tests and procedures physical examination acuity of vision - Snellen chart tonometry tests - increased intraocular pressure ophthalmoscope slit lamp	
	Diseases and disorders of the eye refractive errors myopia hyperopia astigmatism strabismus color blindness	Study outline fo cause recognition corrective meas lenses surgery exercise rehabilitatio
	Inflammatory and infectious eye disorders styes conjunctivitis acute purulent gonorrheal trachoma blepharitis	Study outline fo disorders cause recognition of diagnostic test complications

NURSING CARE OF PATIENTS WITH DISEASES AND DISORDERS OF THE SPECIAL SENSES

Content Development	Patient-Related Activities
Review structure and function of the eye.	
Diagnostic tests and procedures	
physical examination	
acuity of vision - Snellen chart	
tonometry tests - increased intraocular pressure	
ophthalmoscope	
slit lamp	
Diseases and disorders of the eye	
refractive errors	Study outline for refractive errors
myopia	cause
hyperopia	recognition
astigmatism	corrective measures
strabismus	
color blindness	lenses
	surgery
	exercise
	rehabilitation
Inflammatory and infectious eye disorders	Study outline for infectious eye disorders
styes	
conjunctivitis	cause
acute purulent	recognition of symptoms
gonorrheal	diagnostic tests
trachoma	complications
blepharitis	

Unit 9

Topic	Content Development	Patient-Related Ac
Eye	keratitis corneal ulcer uveitis	
	Non-infectious eye disorders retrolental Fibroplasia Glaucoma	Study outline for disorders recognition of s diagnostic tests treatment complications education of the prevention Patient-Centere
	Cataract Detached retina	Rose Schneider is stenographer. She ophthalmologist as glasses changed. of blurred distant that glasses will The doctor examine a cataract of the Why did the doctor What obvious signs were evident? She is admitted to surgery. How is she prepare What is the post-o What corrective me doctor order to to see better?

Content Development	Patient-Related Activities
keratitis corneal ulcer uveitis	
Non-infectious eye disorders retrolental Fibroplasia Glaucoma	Study outline for non-infectious eye disorders recognition of symptoms diagnostic tests treatment complications education of the public for prevention Patient-Centered Problem
Cataract Detached retina	Rose Schneider is a 24-year-old stenographer. She has gone to see her ophthalmologist asking to have her glasses changed. She is complaining of blurred distant vision and feels that glasses will take care of this. The doctor examined her and diagnosed a cataract of the left eye. Why did the doctor make this diagnosis? What obvious signs of a growing cataract were evident? She is admitted to the hosptial for surgery. How is she prepared for surgery? What is the post-operative care? What corrective measures will the doctor order to help Miss Schneider to see better?

Topic	Content Development	Patient-Related
Eye	Injuries to the eye foreign bodies burns abrasions and lacerations penetrating	First Aid for im injuries
	Tumors of the eye Retinoblastoma Malignant melanoma	
	Operative conditions of the eye Cataract extraction and transplant Retinal detachment Corneal transplant Enucleation	Study outline fo preparation of family pre-operative p post-operative giving the pati rehabilitation
Ear	Review Structure and function of the ear	
	Diagnostic tests and procedures voice test - whisper audiometer tuning fork	
	Diseases and disorders of the ear External ear infections - boils obstructions injury - lacerations perforations Middle ear Otitis media Mastoiditis Otosclerosis Inner ear Labyrinthitis Ménière's syndrome	Study outline anatomical loca cause recognition and diagnostic proc treatment

Content Development	Patient-Related Activities
Injuries to the eye foreign bodies burns abrasions and lacerations penetrating	First Aid for immediate care of eye injuries
Tumors of the eye Retinoblastoma Malignant melanoma	
Operative conditions of the eye Cataract extraction and transplant Retinal detachment Corneal transplant Enucleation	Study outline for eye surgery preparation of the patient and family pre-operative preparation post-operative care giving the patient support rehabilitation
Review Structure and function of the ear	
Diagnostic tests and procedures voice test - whisper audiometer tuning fork	
Diseases and disorders of the ear External ear infections - boils obstructions injury - lacerations perforations Middle ear Otitis media Mastoiditis Otosclerosis Inner ear Labyrinthitis Ménière's syndrome	Study outline anatomical location cause recognition and symptoms diagnostic procedures treatment

Topic	Content Development	Patient-Related A
Ear	Ménière's syndrome	Patient-Centere Mrs. Brown awoke a little dizzy. go to the lavator she was too dizzy unable to eat or excessive nausea. was called. By t eyes were rotatin fashion. A tenta Ménière's syndrom List the outstand which a diagnosis What is the possi syndrome? How is this condi doctor? What medications control of dizziness nausea (Draman general discomf Is this condition Why?
	Operative conditions of the ear Mastoidectomy Stapes mobilization	Study outline for anatomical loca cause recognition and diagnostic proc treatment drug therapy morphine sedation antibiotics

Content Development	Patient-Related Activities
Ménière's syndrome	Patient-Centered Problem Mrs. Brown awoke one morning feeling a little dizzy. Upon attempting to go to the lavatory, she found that she was too dizzy to stand. She was unable to eat or drink because of excessive nausea. The family physician was called. By this time Mrs. Brown's eyes were rotating in an uncontrolled fashion. A tentative diagnosis of Ménière's syndrome was made. List the outstanding symptoms upon which a diagnosis could be made. What is the possible cause of the syndrome? How is this condition handled by the doctor? What medications are helpful in the control of dizziness nausea (Dramamine) general discomfort Is this condition chronic or acute? Why?
Operative conditions of the ear Mastoidectomy Stapes mobilization	Study outline for ear surgery anatomical location cause recognition and symptoms diagnostic procedures treatment drug therapy morphine sedation antibiotics

Unit 9

Topic	Content Development	Patient-Related Ac
	Types of hearing defects	Hearing aids
	conduction deafness	kind
	perceptive or nerve deafness	cost
		care
Other Sensory Problems	Review	
	structure and function of nose	
	problems	
Nose	deviated septum	
	polyps	
	sinusitis	
	plastic surgery	Preparation of the
		to develop underst
	Review	
Throat	structure and function of throat	Study outline
	Problems	anatomical locat
	Laryngitis	cause
	Tracheitis	recognition and
	Cancer of larynx, trachea	diagnostic proce
	Laryngectomy - speech	preparation of p
	Rehabilitation	treatment
	Tracheotomy, tracheostomy	preparation for
		post-operative c
		patient and fami
		rehabilitation
		cosmetic
		daily living

Content Development	Patient-Related Activities
Types of hearing defects	Hearing aids
conduction deafness	kind
perceptive or nerve deafness	cost
	care
Review	
structure and function of nose	
problems	
deviated septum	
polyps	
sinusitis	
plastic surgery	Preparation of the patient in order to develop understanding and acceptance
Review	
structure and function of throat	Study outline
Problems	anatomical location
Laryngitis	cause
Tracheitis	recognition and symptoms
Cancer of larynx, trachea	diagnostic procedures
Laryngectomy - speech	preparation of patient and family
Rehabilitation	treatment
Tracheotomy, tracheostomy	preparation for surgery - if required
	post-operative care
	patient and family teaching
	rehabilitation
	cosmetic
	daily living

Unit 10

NURSING CARE OF PATIENTS WITH DISEASES AND DISORDERS OF THE SKIN

Topic	Content Development	Patient Related
Nursing Patient with Diseases and Disorders of Skin	Review structure and function of normal skin	
	Causes of skin diseases and disorders allergic conditions side effects from drugs chemicals heat and cold nutritional indiscretions and deficiencies invasion by pathogenic organisms normal aging process	
	Characteristics of skin lesion - types macule papule vesicle pustule bleb wheal scale crust fissure excoriation ulcer scar atrophy gumma	Study guide cause area affected symptoms treatment psychological symptoms
	Diagnostic tests and procedures patient history general appearance and distribution of lesions	
	bacteriologic study	cultures, smears examination
	biopsy patch tests	

NURSING CARE OF PATIENTS WITH DISEASES AND DISORDERS OF THE SKIN

	Content Development	Patient Related Activities
th rders	Review structure and function of normal skin	
	Causes of skin diseases and disorders allergic conditions side effects from drugs chemicals heat and cold nutritional indiscretions and deficiencies invasion by pathogenic organisms normal aging process	
	Characteristics of skin lesion - types macule papule vesicle pustule bleb wheal scale crust fissure excoriation ulcer scar atrophy gumma	Study guide cause area affected symptoms treatment psychological effect of visual symptoms
	Diagnostic tests and procedures patient history general appearance and distribution of lesions	
	bacteriologic study	cultures, smears for pathogenic examination
	biopsy patch tests	

Topic	Content Development	Patient-Related A
Care of Patient with Diseases and Disorders of Skin	Specific aspects of nursing local applications therapeutic baths-(colloidal baths) wet dressings - open-closed soaks Unna's paste boot - (medicopaste-medicosane) diet diagnostic treatment medication control of itching relief of pain topical application x-ray therapy psychological support	Study guide preparation of preparation of procedure observation of safety factors
	Nursing care of diseases and disorders of skin Bacterial diseases Furuncles, carbuncles, and felons	study guide cause symptoms treatment antibiotics
	Impetigo contagioso	Mary, age 5, has b school nurse by th Mary has a small, yellow crust on th face just about th The school nurse s immediately and a pediatrician is ma

	Content Development	Patient-Related Activities
th ders	Specific aspects of nursing local applications therapeutic baths- (colloidal baths) wet dressings - open-closed soaks Unna's paste boot - (medicopaste-medicosane) diet diagnostic treatment medication control of itching relief of pain topical application x-ray therapy psychological support	Study guide preparation of treatment preparation of patient procedure observation of results - record safety factors
	Nursing care of diseases and disorders of skin Bacterial diseases Furuncles, carbuncles, and felons	study guide cause symptoms treatment antibiotics
	Impetigo contagioso	Mary, age 5, has been referred to the school nurse by the kindergarten teacher. Mary has a small, wet sore with a sticky yellow crust on the left side of her face just about the angle of the mouth. The school nurse sends for the mother immediately and a referral to the pediatrician is made.

Topic	Content Development	Patient Related A
Care of patient with Diseases and Disorders of Skin	Bacterial diseases Impetigo contagioso	Why does the scho mother so quick What condition do What instructions would the nurse The mother return reports that Mary nurse and the mot mother will carry orders. How should the sk application of (ammoniated merc How should Mary b touching the sc Is there a danger infection? What communicable will be explain use in the home Why will Mary be in contact with When may she retu Drug therapy penicillin tetracycline
	Erysipelas	Drug therapy antibiotics

Content Development	Patient Related Activities
Bacterial diseases Impetigo contagioso	Why does the school nurse call the mother so quickly? What condition does she suspect? What instructions for cleanliness would the nurse give to the mother? The mother returns to the nurse and reports that Mary has impetigo. The nurse and the mother discuss how the mother will carry out the doctor's orders. How should the skin be prepared for the application of the ointment? (ammoniated mercury 3% or neomycin) How should Mary be prevented from touching the sore? Is there a danger of spreading this infection? What communicable disease techniques will be explained to the mother for use in the home? Why will Mary be excluded from being in contact with other children? When may she return to school? Drug therapy penicillin tetracycline
Erysipelas	Drug therapy antibiotics

Unit 10

Topic	Content Development	Patient-Related
Care of Patients with Diseases and Disorders of Skin	Fungus infection Tinea capitis:ringworm Tinea circinata Tinea sycosis:barber's itch Epidermophytosis:athlete's foot	Study guide cause symptoms specific treatm Drug therapy Fulvicin, Gri potassium per 1:10,000 B.i. Desenex
	Dermatitis Erythema impetigo:chafing Miliaria;prickly heat Dermatitis venenata- Plant poisoning - Poison ivy	Study guide - sam starch bath
	Eczema	Drug therapy aluminum acetat potassium perma Burrow's soluti calamine lotion antihistamines sedatives tranquilizers
	Psoriasis	Treatment accordi Relief of itching wet dressings,
	Acne vulgaris	Patient-Centere Tom is a 17-year- school. He is re Junior Prom. He not attend becaus best girl to go w mother is aware t attended any soci the past year. T and disfiguring a

	Content Development	Patient-Related Activities
with rders	Fungus infection Tinea capitis:ringworm Tinea circinata Tinea sycosis;barber's itch Epidermophytosis:athlete's foot	Study guide cause symptoms specific treatment Drug therapy Fulvicin, Grifulvin potassium permanganate 1:10,000 B.i.d.-soaks Desenex
	Dermatitis Erythema impetigo;chafing Miliaria;prickly heat Dermatitis venenata- Plant poisoning - Poison ivy	Study guide - same as above starch bath
	Eczema	Drug therapy aluminum acetate 1:20 potassium permanganate Burrow's solution calamine lotion antihistamines sedatives tranquilizers
	Psoriasis	Treatment according to cause Relief of itching wet dressings, starch baths
	Acne vulgaris	Patient-Centered Problem Tom is a 17-year-old junior in high school. He is refusing to go to the Junior Prom. He says that he will not attend because "he can't get his best girl to go with him." Tom's mother is aware that he has not attended any social functions during the past year. Tom has a rather severe and disfiguring acne of the face and

Unit 10

Topic	Content Development	Patient-Related Activi
Care of Patients with Diseases and Disorders of Skin	Acne vulgaris	neck. His grandmother ignoring it because he What does acne vulgari What causes it? What should have been condition appeared? Tom is taken to the fa refers him to a dermat dermatologist recommen treatment. What personal hygiene recommended? What dietary pattern w How can scarring be pr What medications and t ordered? How can the family and understanding and he
	Exfoliative dermatitis Dermatitis medicamentosa	
	Viral infections Herpes simplex: cold sore Herpes zoster: shingles	Relief of pain. analgesics
	Disorders of pigmentation Lentigo: freckles Chloasma: liver spots	
	Disorders of glands Seborrhea: oily skin Sebaceous cyst	Surgery where recomme
	Hyperhidrosis: excessive sweating Anhidrosis: absence of sweating	Causes Drug therapy - antihi steroid ointment

	Content Development	Patient-Related Activities
th ers	Acne vulgaris	neck. His grandmother has counseled ignoring it because he "will outgrow it." What does acne vulgaris look like? What causes it? What should have been done as soon as the condition appeared? Tom is taken to the family doctor who refers him to a dermatologist. The dermatologist recommends a course of treatment. What personal hygiene routines are recommended? What dietary pattern will be suggested? How can scarring be prevented? What medications and treatments may be ordered? How can the family and school give Tom understanding and help?
	Exfoliative dermatitis	
	Dermatitis medicamentosa	
	Viral infections	
	Herpes simplex: cold sore	
	Herpes zoster: shingles	Relief of pain
	Disorders of pigmentation	analgesics
	Lentigo: freckles	
	Chloasma: liver spots	
	Disorders of glands	
	Seborrhea: oily skin	
	Sebaceous cyst	Surgery where recommended
	Hyperhidrosis: excessive sweating	
	Anhidrosis: absence of sweating	Causes Drug therapy - antihistamines
		steroid ointment

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Unit 10

Topic	Content Development	Patient-Related Acti
Care of Patients with Diseases and Disorders of Skin	Tumors of the skin	
	Keloid	
	Angioma	
	congenital	
	spider	
	Nevus - mole	
	Verruca plantaris	
	Malignant tumors	
	Disorders of the appendages of the skin	
	Alopecia	
	Hypertrichosis	
	Hypotrichosis	
	Paronychia	Danger of loss of na
	Infestations	
	Pediculi: lice	Study guide
	Pediculosis capitis	see current and lo
	Pediculosis corporis	Health regulatio
	Pediculosis pubis	isolation
		destruction and re
		and nits
		medication
		D.D.T.
		copper sulphate
		Larkspur
		teaching of good p
	Scabies	
	Burns	Study guide
		cause
		classification - de
		extent of burn
		nursing care
		prevention and tr
		observe vital sig
		relief of pain

	Content Development	Patient-Related Activities
with rders	Tumors of the skin Keloid Angioma congenital spider Nevus - mole Verruca plantaris Malignant tumors Disorders of the appendages of the skin Alopecia Hypertrichosis Hypotrichosis	
	Paronychia	Danger of loss of nail
	Infestations Pediculi: lice Pediculosis capitis Pediculosis corporis Pediculosis pubis	Study guide see current and local Department of Health regulations isolation destruction and removal of pediculi and nits medication D.D.T. copper sulphate Larkspur teaching of good personal habits
	Scabies	
	Burns	Study guide cause classification - degrees and description extent of burn nursing care prevention and treatment of shock observe vital signs relief of pain

Topic	Content Development	Patient-Related Activi
Care of Patients with Diseases and Disorders of Skin	Burns	nursing care prevention of infec technique prevention of heat prevention of contr emotional support drug therapy intravenous fluids narcotics diet maintain accurate int diversional activitie

	Content Development	Patient-Related Activities

th
ers
	Burns	nursing care
		  prevention of infection - sterile technique
		  prevention of heat loss
		  prevention of contractures - positioning
		  emotional support
		drug therapy
		  intravenous fluids
		  narcotics
		diet
		maintain accurate intake and output records
		diversional activities

Unit 11

NURSING CARE OF PATIENTS WITH
DISEASES AND DISORDERS OF THE MUSCULO-SKELETAL SYSTEM

Topic	Content Development	Patient-Related Activi
	Review	
Care of Patients with Diseases and Disorders of Musculo-Skeletal System	structure and function of the	
	skeletal system	
	muscular system	
	Position, movement, body mechanics	
	requirements for prevention of	
	contractures, deformities,	
	maintenance of muscle tone	
	proper positioning	
	passive exercises	
	active exercises	
	regular turning	
	body mechanics	
	Nursing care of patient in a cast	
	emotional problems	
	preparation of bed	
	use of pillows	
	turning patient	
	Stryker frame	
	CircOlectric bed	
	skin care	
	care of the cast	
	removal of cast	
	traction	
	splints	
	frames	
	other orthopedic devices	Routine care of remova
	crutches	devices
	braces	fitting to individ
	collars	application of ort
	neck supports	maintenance and cl
	corsets	care of skin
	walking casts	
	shoes	

NURSING CARE OF PATIENTS WITH
DISEASES AND DISORDERS OF THE MUSCULO-SKELETAL SYSTEM

	Content Development	Patient-Related Activities
	Review	
h Diseases	structure and function of the	
sculo-	skeletal system	
	muscular system	
	Position, movement, body mechanics	
	requirements for prevention of contractures, deformities, maintenance of muscle tone	
	proper positioning	
	passive exercises	
	active exercises	
	regular turning	
	body mechanics	
	Nursing care of patient in a cast	
	emotional problems	
	preparation of bed	
	use of pillows	
	turning patient	
	Stryker frame	
	CircOlectric bed	
	skin care	
	care of the cast	
	removal of cast	
	traction	
	splints	
	frames	
	other orthopedic devices	Routine care of removable orthopedic devices
	crutches	fitting to individual patient
	braces	application of orthopedic device
	collars	maintenance and cleanliness of devices
	neck supports	care of skin
	corsets	
	walking casts	
	shoes	

Topic	Content Development	Patient-Related Activit
Care of Patients with Diseases and Disorders of Musculo-Skeletal System	Nursing care of patient in traction purpose application nursing care care of traction equipment	
	Nursing patient with diseases and disorders of musculo-skeletal system Congenital deformities Clubfoot Torticollis Dislocation of hip Kyphosis Lordosis Scoliosis	Study outline anatomical location symptoms nursing care treatment: surgical rehabilitation physiotherapy teaching acceptance of cond
	Arthritis Atrophic arthritis-Rheumatoid arthritis Hypertrophic arthritis-Osteoarthritis Gout: metabolic arthritis Bursitis	Study outline cause symptoms nursing care prevention of defo treatment drug therapy methyl salicylates Butazolidin anti-malarial soluble gold salts steroids: cortisone iron medication heat and massage diet management rehabilitation physical emotional disorder

Content Development	Patient-Related Activities
Nursing care of patient in traction	
purpose	
application	
nursing care	
care of traction equipment	
Nursing patient with diseases and disorders of musculo-skeletal system	
Congenital deformities	Study outline
Clubfoot	anatomical location and cause
Torticollis	symptoms
Dislocation of hip	nursing care
Kyphosis	treatment: surgical
Lordosis	rehabilitation
Scoliosis	physiotherapy
	teaching
	acceptance of condition
Arthritis	Study outline
Atrophic arthritis-	cause
Rheumatoid arthritis	symptoms
Hypertrophic arthritis-	nursing care
Osteoarthritis	prevention of deformities
Gout: metabolic arthritis	treatment
Bursitis	drug therapy
	methyl salicylates
	Butazolidin
	anti-malarial
	soluble gold salts
	steroids: cortisone
	iron medication
	heat and massage
	diet management
	rehabilitation
	physical
	emotional disorders

Topic	Content Development	Patient-Related Activ
Care of Patients with Diseases and Disorders of Musculo-Skeletal System	Rheumatoid arthritis	Patient-Centered P Mrs. Lopez, a 36-year complaining of pain i her fingers. She not joints appear to be s over the joints is ti She also complains of fingers upon arising. of beginning pain in Lopez goes to the med of employment for dia A diagnosis of rheuma is made. What symptoms would l What might the doctor What could be ordered of joints? What is arthritis? If low hemoglobin is doctor order as a f Research is being con organizations. The a rehabilitation, disea prevention of crippli List the organization area of rheumatoid What new medications is their value? List several devices of rehabilitation. use of each?

	Content Development	Patient-Related Activities
with rders of System	Rheumatoid arthritis	Patient-Centered Problem Mrs. Lopez, a 36-year-old typist, is complaining of pain in the joints of her fingers. She notices that the joints appear to be swollen; the skin over the joints is tight and shiny. She also complains of stiffness of fingers upon arising. She is also aware of beginning pain in her back. Mrs. Lopez goes to the medical unit of her place of employment for diagnosis and treatment. A diagnosis of rheumatoid arthritis (?) is made. What symptoms would lead to the diagnosis? What might the doctor order to relieve pain? What could be ordered to relieve stiffness of joints? What is a specific for arthritis? If low hemoglobin is found, what might the doctor order as a food supplement? Research is being conducted by several organizations. The areas of research are rehabilitation, disease prevention, prevention of crippling, and new medications. List the organizations interested in this area of rheumatoid arthritis. What new medications are being used? What is their value? List several devices being used in the area of rehabilitation. What is the specific use of each?

Topic	Content Development	Patient-Related Activ
Care of Patients with Diseases and Disorders of Musculo-Skeletal System	Infectious disorders Osteomyelitis Tuberculosis of bone (Pott's disease)- immobilization	Drug therapy antibiotics
	Traumatic injuries contusions sprains dislocations fractures greenstick simple comminuted compound spiral twisting impacted or compression fractures in special areas fracture fixation of pin in hip	Study guide anatomical location description of inju first aid care x-ray of part treatment nursing care rehabilitation
	vertebral fracture clavicle ribs whiplash injuries	Study guide location of injury first aid immobilization of p hyper-extension crutchfield tongs leg traction surgical treatment laminectomy spinal fusion

	Content Development	Patient-Related Activities
ith ders l	Infectious disorders Osteomyelitis Tuberculosis of bone (Pott's disease)- immobilization	Drug therapy antibiotics
	Traumatic injuries contusions sprains dislocations fractures greenstick simple comminuted compound spiral twisting impacted or compression fractures in special areas fracture fixation of pin in hip	Study guide anatomical location description of injury first aid care x-ray of part treatment nursing care rehabilitation
	vertebral fracture clavicle ribs whiplash injuries	Study guide location of injury first aid immobilization of patient hyper-extension crutchfield tongs - neck traction leg traction surgical treatment laminectomy spinal fusion

Unit 11

Topic	Content Development	Patient-Related Activ
Care of Patients with Diseases and Disorders of Musculo-Skeletal System	Traumatic injury	Patient-Centered Pr Jimmie Downs, age 18, around at a swimming posted signs, he dove and hit his head on a surfacing he complain small scalp laceratio increased in intensit home. His mother cal physician who asked h Jimmie in the emergen hospital. He also re do as little moving a his mother was to dri carefully. Why should unsupervis used for swimming? What are some of the that should have be immediately? How should the "first ceded in order to p The doctor orders x-r spinal cord. He appl to the head laceratio Jimmie is immobilized Why is x-ray of these What methods of immob used?

	Content Development	Patient-Related Activities
ith ders of ystem	Traumatic injury	Patient-Centered Problem Jimmie Downs, age 18, has been playing around at a swimming hole. In spite of posted signs, he dove into shallow water and hit his head on a rock. Upon surfacing he complained of pain and a small scalp laceration. His headache increased in intensity; Jimmie was taken home. His mother called the family physician who asked her to meet him with Jimmie in the emergency room of the hospital. He also requested that Jimmie do as little moving as possible and that his mother was to drive slowly and carefully. Why should unsupervised areas not be used for swimming? What are some of the first aid measures that should have been administered immediately? How should the "first aider" have proceded in order to prevent further injury? The doctor orders x-ray of head, neck, and spinal cord. He applies a sterile dressing to the head laceration after cleansing. Jimmie is immobilized in a supine position. Why is x-ray of these three areas done? What methods of immobilization could be used?

Topic	Content Development	Patient-Related Activ
Care of Patients with Diseases and Disorders of Musculo-Skeletal System	Traumatic injury	A fracture of the 4th is diagnosed. Jimmie the intensive care u tongs are applied. N vital signs q. 15 m watching for loss c complaints of numbn morphine sulphate i
		What is the purpose c and how are they ap Why are vital signs q What would numbness a tone indicate?
	Musculo-skeletal disorders Rickets Bone tumors Muscular dystrophy Cerebral palsy	Mental health aspect
	Nursing patient with operative conditions of musculo-skeletal system Amputation Hemipelvectomy	Study guide cause of amputation location of amputat pre-operative prepa psychological pre and family diagnostic tests supportive care - physical preparat post-operative care immediate vital signs dangers of hemo medication - se concerned nursi rehabilitation

	Content Development	Patient-Related Activities
ith ders of ystem	Traumatic injury	A fracture of the 4th cervical vertebra is diagnosed. Jimmie is transferred to the intensive care unit. Crutchfield tongs are applied. Nursing orders include: vital signs q. 15 minutes watching for loss of muscle tone complaints of numbness morphine sulphate is contra-indicated! What is the purpose of Crutchfield tongs and how are they applied? Why are vital signs q. 15 min. important? What would numbness and loss of muscle tone indicate?
	Musculo-skeletal disorders Rickets Bone tumors Muscular dystrophy Cerebral palsy	Mental health aspect
	Nursing patient with operative conditions of musculo-skeletal system Amputation Hemipelvectomy	Study guide cause of amputation location of amputation pre-operative preparation psychological preparation of patient and family diagnostic tests supportive care - intraveneous fluids physical preparation of part post-operative care immediate vital signs dangers of hemorrhage medication - sedation where necessary concerned nursing care rehabilitation

Topic	Content Development	Patient-Related Activ
Care of Patients with Diseases and Disorders of Musculo-Skeletal System	Operative conditions	psychological prosthesis correct fitting - frequent change to normal growt training for care prevention of tra stump of surgic

	Content Development	Patient-Related Activities
with rders al System	Operative conditions	psychological prosthesis correct fitting - in children frequent change of prosthesis due to normal growth training for care and correct use prevention of traumatization of stump of surgical area

Unit 12

NURSING CARE OF PATIENTS WITH ALLERGIES

Topic	Content Development	Patient-Related Activ
Nursing Patient with Allergic Conditions	Types of allergy	
	seasonal	
	pollen	
	mold	
	trees	
	grass	
	grain	
	food	
	found more often in children	
	gradual introduction of new foods in children	
	drug	
	due to unexpected or undesirable side effects	
	Diagnostic tests and procedures	Study guide
	skin tests	area involved
	scratch test	procedure
	intradermal test	reading the reactio
	multiple pressure method	interpreting result
	patch test method	
	elimination diets	
	rice diet	New foods added as to
	scraped apple and tea	
	desensitization to specific allergens	
	nasal smears and blood test	
	Nursing the patient with allergic diseases	Study guide cause
	Hay fever:allergic rhinitis or pollinosis	symptoms emergency treatment
	Asthma - may contribute to bronchitis and emphysema	diagnostic tests treatment
	Urticaria:hives and nettle rash	drug therapy
	Migraine may be allergic hypersensitivity	stramonium adrenalin
	Eczema in children - need for prevention of scratching by splinting	lotions and medic antihistamines ergotamine tartra

NURSING CARE OF PATIENTS WITH ALLERGIES

	Content Development	Patient-Related Activities
ith ns	Types of allergy seasonal pollen mold trees grass grain food found more often in children gradual introduction of new foods in children drug due to unexpected or undesirable side effects	
	Diagnostic tests and procedures skin tests scratch test intradermal test multiple pressure method patch test method	Study guide area involved procedure reading the reaction interpreting results to the patient
	elimination diets rice diet scraped apple and tea desensitization to specific allergens nasal smears and blood test	New foods added as tolerated
	Nursing the patient with allergic diseases Hay fever: allergic rhinitis or pollinosis Asthma - may contribute to bronchitis and emphysema Urticaria: hives and nettle rash Migraine may be allergic hypersensitivity Eczema in children - need for prevention of scratching by splinting	Study guide cause symptoms emergency treatment diagnostic tests treatment drug therapy stramonium adrenalin lotions and medicated baths antihistamines ergotamine tartrate

Topic	Content Development	Patient-Related Acti
Nursing Patient with Allergic Conditions		nursing care safety factors emotional support Patient-Centere Mrs. Jones, a well-g of 25 years, noticed the anal and buttock she noticed that the sensitive. The itch that she went to the taking Mrs. Jones' m doctor chatted for a Mrs. Jones at ease. many questions about Jones' family as wel Why did the doctor t Jones at ease befo history? Why did he concern h parents? Is a family history significant? When Mrs. Jones had did a thorough exami positioning Mrs. Jon ination. At the com ination, a diagnosis Mrs. Jones was so re employment would not as she said, "My hus a month ago, and eve that he will find so my work."

Content Development

Patient-Related Activities

nursing care
safety factors
emotional support

Patient-Centered Problem

Mrs. Jones, a well-groomed young woman of 25 years, noticed severe itching of the anal and buttock area. The next day she noticed that the area was oozing and sensitive. The itching became so intense that she went to the doctor. Before taking Mrs. Jones' medical history the doctor chatted for a few minutes to put Mrs. Jones at ease. The doctor asked many questions about the health of Mrs. Jones' family as well as herself.

Why did the doctor take time to put Mrs. Jones at ease before taking her medical history?
Why did he concern himself about Mrs. Jones' parents?
Is a family history of eczema and allergies significant?

When Mrs. Jones had undressed, the doctor did a thorough examination, the nurse positioning Mrs. Jones for the anal examination. At the completion of the examination, a diagnosis of eczema was made. Mrs. Jones was so relieved that her employment would not be interrupted because as she said, "My husband lost his position a month ago, and even though I know that that he will find something soon, I need my work."

Topic	Content Development	Patient-Related Activi
Nursing Patient with Allergic Conditions		What position did Mrs. preparation for the What factors were resp eczema? What would be ordered itching? What would long-range prevent re-occurrenc
	serum sickness: anaphylactic shock tetanus snake bite - patient should be tested before serum is administered	Drug therapy antihistamine adrenalin chloride
	reactions due to insect bites bees, wasps, hornets, flies, mosquitoes, fleas, etc.	Treatment wet dressings Drug therapy adrenalin skin anesthetics

Content Development	Patient-Related Activities
	What position did Mrs. Jones assume in preparation for the anal examination? What factors were responsible for the eczema? What would be ordered to relieve the itching? What would long-range treatment do to prevent re-occurrence?
serum sickness: anaphylactic shock tetanus snake bite - patient should be tested before serum is administered	Drug therapy antihistamine adrenalin chloride
reactions due to insect bites: bees, wasps, hornets, flies, mosquitoes, fleas, etc.	Treatment wet dressings Drug therapy adrenalin skin anesthetics

Unit 13

NURSING CARE OF PATIENTS WITH COMMUNICABLE DISEASE

Topic	Content Development	Patient-Related Act
Nursing Patient with Communicable Disease	Causes of communicable disease	Refer to: Communit to Microbiology
	Prevention of communicable disease	
	Diagnostic tests and procedures history and clinical manifestations	
	laboratory examinations of blood sputum stools lesions	
	skin tests	
	Nursing responsibilities	
	medical asepsis	Refer to: Introduc Nursing
	physical care	Supportative care
	psychologic care	
	Nursing patient with communicable disease	Study outline for e disease to be stu name of disease - available
	Bacterial diseases Scarlet fever Diphtheria Whooping cough Typhoid fever Bacillary dysentery Tetanus Tuberculosis	causative organis transmission of d entry incubation period symptoms diagnostic treatm treatment isolation nursing care an diet

NURSING CARE OF PATIENTS WITH

COMMUNICABLE DISEASE

Content Development	Patient-Related Activities
Causes of communicable disease	Refer to: Community Health Introduction to Microbiology
Prevention of communicable disease	
Diagnostic tests and procedures history and clinical manifestations	
laboratory examinations of blood sputum stools lesions	
skin tests	
Nursing responsibilities	
medical asepsis	Refer to: Introduction to Medical-Surgical Nursing
physical care	Supportative care
psychologic care	
Nursing patient with communicable disease	Study outline for each communicable disease to be studied name of disease - Latin name where available
Bacterial diseases Scarlet fever Diphtheria Whooping cough Typhoid fever Bacillary dysentery Tetanus Tuberculosis	causative organism transmission of disease and portal of entry incubation period symptoms diagnostic treatment treatment isolation nursing care and treatment diet

Topic	Content Development	Patient-Related Act
Care of Patients with Communicable Disease	Viral diseases Measles Rubella Chickenpox Smallpox Mumps Rabies Influenza Poliomyelitis	medication antitoxins chemo-therapeut agents sedatives tranquilizers skin ointments complications sequalae prevention public health impli trends for new la
	Infectious mononucleosis	
	Rickettsial diseases Rocky Mountain spotted fever	
	Protozoal diseases Malaria Amoebic dysentery	
	Venereal diseases Syphilis Gonorrhea Lymphogranuloma Venereum Chancroid Granuloma inguinale	Social hygiene impli

	Content Development	Patient-Related Activities
with ease	Viral diseases Measles Rubella Chickenpox Smallpox Mumps Rabies Influenza Poliomyelitis	medication antitoxins chemo-therapeutic agents sedatives tranquilizers skin ointments complications sequalae prevention public health implications of recent trends for new laws
	Infectious mononucleosis	
	Rickettsial diseases Rocky Mountain spotted fever	
	Protozoal diseases Malaria Amoebic dysentery	
	Venereal diseases Syphilis Gonorrhea Lymphogranuloma Venereum Chancroid Granuloma inguinale	Social hygiene implications

CHART OF SELECTED COMMUNICABLE DISEASES *

To prevent the spread of infection, any person suspected of having a communicable disease should be kept away from others. Measures for the control of communicable diseases are established either by law or by regulation in the various states and communities. Every individual is responsible for cooperating with local health authorities in preventing the spread of disease.

Disease	How Spread	Prevention	How Long From Exposure to Onset	Common Symptoms	How Long Communicable	Some Possible Complications
Chickenpox (Varicella)	From person to person by direct contact, droplet, or air-borne spread; indirectly through articles freshly soiled by discharges from the skin and mucous membranes of infected persons.	No immunization available. Avoid exposure; one attack confers long immunity. Second attacks are rare.	2 to 3 weeks, commonly 13 to 17 days.	Acute onset, with slight fever. Small reddish pimples followed or accompanied by blisters, usually more abundant on the covered than on the exposed parts of the body, that cause itching.	Probably not more than 1 day before or more than 6 days after rash (eruption) appears. One of the most contagious of the communicable diseases.	Complications rare. Skin lesions may become infected and may leave pitted scars.
Common Cold	Presumably transmission is by direct contact or by droplet spread; indirectly by handkerchiefs, eating utensils, or other articles freshly soiled by discharges from the nose and mouth of infected persons.	No specific prevention. Personal hygiene, as covering mouth when coughing and sneezing and disposal of nose and mouth secretions.	12 to 72 hours, usually about 24 hours.	Tickling, dry sensation in the throat; rarely fever; malaise; chilliness, cough and runny nose.	1 day before onset and about 5 days afterward.	Sinusitis; bronchitis; laryngitis; pneumonia; middle ear infection.
Diphtheria	Contact with a patient or a carrier or with articles soiled with discharges and secretions from mucous surfaces of nose and throat and from skin and other lesions. Milk has served as a vehicle.	Inoculation with diphtheria toxoid series in early infancy (2 to 6 months of age) with "booster" dose 3 to 12 months later; reinforcing doses essential in preschool life, desirable on entrance to school, and elective in later life. Give exposed adults Schick test to determine susceptibility before immunization. Second attacks are possible.	2 to 5 days, sometimes longer.	Inflammation of the nose, throat, and tonsils, with grayish white patches in the throat; an acute infection accompanied by fever.	Variable; until the germs have disappeared from secretions and lesions; usually 2 weeks or less, seldom more than 4 weeks.	Damage to the heart; pneumonia.
Dysentery (Shigellosis)	By eating contaminated foods or drinking contaminated water or milk and by hand-to-mouth transfer of contaminated material; by flies; by objects soiled with stools of a patient or a carrier.	No immunization. Avoidance of known sources of infection; personal cleanliness; good sanitation.	1 to 7 days, usually less than 4 days.	Frequent stools; abdominal cramps; fever.	As long as the stools contain the infecting agent as shown by laboratory tests; sometimes several weeks.	Often recurs. Rarely fatal.
Gonorrhea	Almost wholly by sexual intercourse. In the newborn, by transfer from the mother during birth.	No immunization. Avoidance of contact; use of prophylactic drugs in the eyes of the newborn. One attack does not protect against subsequent infection.	Usually 3 to 9 days, sometimes longer.	Thick, yellow, purulent discharge from mucous membranes of the genital tract or of the eyes; usually burning and pain on urination.	For months or years unless treated with specific drug therapy which ends communicability within hours or days.	Few complications when treated early. Can cause sterility, pelvic inflammatory disease, and blindness.

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* American National Red Cross, American Red Cross Home Nursing Textbook, 7th ed. (New York: Doubleday), 1963.

Chart of Selected Communicable Diseases *(continued)*

Disease	How Spread	Prevention	How Long From Exposure to Onset	Common Symptoms	How Long Communicable	Some Possible Complications
Hepatitis, Infectious	Probably through intimate person-to-person contact; respiratory spread possible; also through transfusion of whole blood, blood serum, or plasma; by contamination of syringes and needles with traces of blood from such persons; contaminated water, food, and milk.	Good sanitation and personal hygiene, with particular emphasis on disposal of stools; proper technical procedures to prevent transmission by blood or blood products; administration of immune serum globulin to contacts.	Variable; from 10 to 40 days, commonly 25 days.	Fever; loss of appetite; nausea; malaise; and abdominal discomfort; usually followed by jaundice.	Unknown; possibly several months. Greatest communicability from a few days before to a few days after onset, usually not exceeding 7 days.	Fatal cases rare. Relapses may occur, or the disease may become chronic, resulting in liver damage.
Impetigo Contagiosa	By direct contact with moist discharges of skin lesions or indirect contact with articles recently soiled with discharges; also, contact with others whose skins, noses, or throats are contaminated or infected.	No immunization. Reinfection possible.	From 2 to 5 days, occasionally longer.	Blisters, which later become crusted, commonly on face and hands.	As long as the sores are unhealed.	Occasional secondary infection of the sores.
Influenza	By direct contact, through droplet spread, or by articles freshly soiled with nose and throat discharges of infected persons.	Immunity to a specific influenza virus may last for several years after attack, but because there are many strains of influenza viruses, there may be frequent attacks of the disease. Vaccines are effective when they closely match the prevailing strain of virus. Inoculation after exposure is useless.	24 to 72 hours.	Sudden onset; fever for 1 to 6 days; chills; discomfort; aches or pains in back, legs, or shoulders; sore throat; runny nose; cough.	Probably limited to a brief period before onset and 1 week after.	Pneumonia. Deaths concentrated among the old, especially those with long-term illness, among women in late pregnancy, among infants, and among those whose acute illness is neglected.
Measles, German or 3-day (Rubella)	By droplet spread or direct contact with infected persons; indirect contact with articles freshly soiled with discharges from nose and throat.	Immune serum globulin (gamma globulin) provides irregular protection; recommended for adult female contacts with no history of having had rubella who are within first 3 months of pregnancy. Deliberate exposure of girls in good health before puberty recommended by some authorities.	14 to 21 days, usually 18 days.	Few symptoms; mild cold symptoms may be present. Slight fever; almost always enlargement of lymph nodes behind the ears and back of neck; rash that may resemble that of measles or scarlet fever.	For at least 4 days from onset of cold symptoms and probably not much longer, the exact period unknown. Highly communicable.	Usually none; serious for women during early pregnancy; may cause congenital defects in the baby if the mother contracts disease during early pregnancy.

Chart of Selected Communicable Diseases *(continued)*

Disease	How Spread	Prevention	How Long From Exposure to Onset	Common Symptoms	How Long Communicable	Some Possible Complications
Measles (Rubeola)	By droplet spread or direct contact with infected persons; indirectly through articles freshly soiled with nose and throat secretion; in some instances probably airborne.	Experimental measles vaccines are under study. No immunization at present.*Administration of gamma globulin within 3 days after first exposure will prevent the disease in most instances and modify it in others. One attack usually confers immunity. Babies of immune mothers usually immune during first few months of life.	About 10 days from exposure to initial fever; about 14 days until rash appears; as long as 21 days if gamma globulin or convalescent serum has been given.	Fever, runny eyes and nose, and eruption in the mouth, followed by a characteristic dusky-red, blotchy rash on the face, body, and extremities.	During period of runny eyes and nose; usually about 9 days, and from 4 days before to 5 days after rash appears.	Middle ear infection; pneumonia. Infants and children under 3 years of age are particularly susceptible.
Meningitis, Meningococcal (Cerebrospinal Fever)	By direct contact with infected persons; droplet spread; human carriers.	No immunization. Avoid contact with infected persons and droplet spread. Prevent overcrowded living conditions; stress personal cleanliness.	Varies from 2 to 10 days, commonly 3 to 4 days.	An acute bacterial infection with sudden onset, fever, intense headache, nausea and vomiting; frequently a rash of small, round, purplish-red spots; dizziness, stiff neck, delirium, and coma.	Until germs are no longer present in discharges from nose and throat of infected persons. Usually disappears in 24 hours after appropriate treatment.	Spread of the infection to the brain tissue; pneumonia; middle ear infection; mastoiditis; chronic heart damage.
Mononucleosis, Infectious	Unknown, but believed to be from person to person by way of nose and mouth discharges.	No immunization; the degree of immunity conferred by an attack is unknown.	Unknown, seemingly varies from 4 to 14 or more days.	An acute infection with varying symptoms. Onset may be gradual or abrupt. Loss of appetite; irritability; nausea and vomiting; sleepiness; chills; fever; enlarged lymph glands of the neck; enlarged spleen; in some cases a rash or jaundice. Symptoms may subside in a few days or last for months.	Undetermined.	Pus may form in glands; nephritis; meningitis, or encephalitis. Prognosis is excellent; death rarely occurs.
Mumps	By droplet spread or direct contact with infected persons; indirectly through articles freshly soiled with the saliva of such persons.	Effective vaccines available but of limited value because immunity probably does not exceed 2 years. Vaccine has value in selected groups of susceptibles, for example, the military.	From 12 to 26 days, commonly 18 days.	An acute viral infection with sudden onset, fever, swelling, and tenderness of the salivary glands.	From about 7 days before distinctive symptoms and persisting as much as 9 days thereafter, or until swelling of the glands has disappeared.	Inflammation of the ovaries or testicles in adults; middle ear infection and sometimes permanent deafness. Meningitis or encephalitis is common. Children under 12 usually free from complications.

*Vaccine is now in use and is recommended.

Chart of Selected Communicable Diseases *(continued)*

Disease	How Spread	Prevention	How Long From Exposure to Onset	Common Symptoms	How Long Communicable	Some Possible Complications
Poliomyelitis	By direct contact or droplet spread of nose and throat secretions of infected persons; stools of infected persons; contaminated milk.	Active immunization by inoculation of Salk vaccine or by administration of oral vaccine reduces the risk of paralytic disease and increases resistance to infection. Passive protection with gamma globulin may prevent only an occasional case in an exposed family; in instances of known single exposure, may have considerable value if given within 2 days after exposure. Immunization of infants can begin at 2 months of age. Second attacks are rare and presumably due to infection with a different type of poliovirus.	From 3 to 21 days, commonly 7 to 12 days.	An acute illness, with fever, malaise, headache, and stiffness of neck and back. Temporary or permanent paralysis may occur.	Greatest in late incubation and early days of acute illness, virus being present in throat secretions and feces; persists in feces for 3 to 6 weeks, but spread of infection after the acute stage is rare.	Pregnant women are highly susceptible. Paralysis of varying severity of affected parts of the body.
Rheumatic Fever	Unknown; attacks are usually precipitated by streptococcal infection.	No immunization; disease recurs. Individuals known to have had rheumatic fever or convalescing from that disease should receive prophylactic drugs for long periods thereafter to prevent recurrence.	Symptoms appear about 2 to 3 weeks following a streptococcal infection.	Fever, rapid pulse, unexplainable nosebleeds, pallor, loss of appetite, weight loss or failure to gain weight, fatigue, restless sleep. Heat, swelling, and tenderness of joints with pain on movement.	Not known to be communicable; the associated streptococcal infection has usually become noncommunicable by the time rheumatic fever develops.	Serious damage to the heart.
Ringworm	Direct contact with infected persons or animals, especially dogs, cats, or cattle. Sources of infection are such materials as the backs of theater seats, barber clippers, hats, or clothing contaminated with hair from infected animals or persons.	No immunization; repeated attacks are common. Effective control of animal ringworm is essential in control of infection in man.	10 to 14 days.	Infection begins as a small pimple and spreads outwards, leaving scaly patches of baldness on the scalp. On the body, infection shows a characteristic ring-shaped lesion. On the feet, there is scaling or cracking of the skin, especially between the toes, or blisters containing a thin watery fluid.	As long as lesions are present and live spores are present on contaminated materials.	Occasional secondary infection of the lesions.

Chart of Selected Communicable Diseases *(continued)*

Disease	How Spread	Prevention	How Long From Exposure to Onset	Common Symptoms	How Long Communicable	Some Possible Complications
Scabies (Itch)	By direct contact and from undergarments or sheets freshly contaminated by infected persons.	Avoid contact with infected persons; cleanliness of body, garments, and bedclothes.	1 to 2 days; several days or even weeks may elapse before itching is noticed.	Penetration of the skin visible as pimples and blisters or as tiny linear burrows containing the female mite and her eggs. Primary symptom is itching at site of lesions, especially at night. Lesions commonly occur on finger webs, inner surface of wrists, the elbows, axillas, around the waist, and lower portion of the buttocks.	Until mites and eggs are destroyed by treatment.	Occasional secondary infection of the lesions.
Scarlet Fever*	Contact with acutely ill or convalescent patients or carriers. Discharges from nose, throat, or purulent lesions; objects contaminated with such discharges. An outbreak may follow the ingestion of contaminated food or milk.	No immunization; avoid contact with infected persons. Pasteurization of milk.	Usually 2 to 5 days.	Acute onset with high fever, sore throat, strawberry tongue, nausea and vomiting; fine rash, which blanches on pressure, appears on neck and chest in about 24 hours. When the rash subsides, the skin begins to peel; in severe cases, the hair may be shed.	In uncomplicated cases, during incubation and illness, approximately 10 days. In untreated cases, from 2 to 3 weeks; for months in carriers. Adequate treatment eliminates possibility of transmission within 24 hours.	Middle ear infection; damage to the heart and kidneys; inflammation of the glands in the neck is common.
Smallpox	Contact with persons sick with the disease. Contact need not be intimate; airborne transmission may occur over short distances. Spread by nose and throat discharges or by material from skin lesions.	Vaccination at about 3 months of age and on entering school; when faced with unusual exposure, as in travel to regions where disease is prevalent; when exposed to disease. Revaccination is recommended every 5 years.	From 7 to 16 days, commonly 12 days.	Sudden onset with fever, chills, headache, severe backache, and prostration. Temperature falls in 3 to 4 days and rash appears, finally forming scabs that fall off in about 3 weeks.	From first symptoms to disappearance of all scabs and crusts, usually 2 to 3 weeks. Most communicable in early stage of the disease.	Secondary infection of the skin with subsequent septicemia; pneumonia; laryngitis; pleurisy; emphysema (air in tissues); middle ear infection; occasionally kidney damage.
Syphilis	By direct contact (sexual intercourse, kissing, fondling of children) during primary and secondary syphilis. Source of infection is exudated from early lesions of skin or mucous membrane of infected persons. An infected woman may transmit syphilis to her unborn child.	No immunization; one attack does not confer immunity. Best measures are health and sex education, preparation for marriage, premarital and prenatal examinations as part of general physical examination.	10 days to 10 weeks, usually 3 weeks.	Primary lesion (chancre) at the point of contact, which will heal without treatment; a secondary eruption involving skin and mucous membranes; latent period may last for years with occasional relapses and appearance of lesions. In congenital syphilis, only the late manifestations, such as the listed complications occur.	Variable and not definitely known. Adequate treatment usually ends infectivity within 24 hours.	Sterility; abortion or miscarriage; damage to the heart; blindness; deafness; paralysis; insanity.

* Scarlet fever and streptococcal sore throat, erysipelas, puerperal fever, cellulitis, mastoiditis, osteomyelitis, otitismedia, peritonitis, and various skin and wound infections are all caused by the same strain of Group A hemolytic streptococci. The same principles of control hold generally for the group.

Chart of Selected Communicable Diseases *(continued)*

Disease	How Spread	Prevention	How Long From Exposure to Onset	Common Symptoms	How Long Communicable	Some Possible Complications
Tetanus (Lockjaw)	Tetanus spores, found in soil, street dust, and animal and human feces, enter the body through injury, usually a puncture wound. These spores may also enter the body through burns and trivial or unnoticed wounds.	Routine immunization with tetanus toxoid in infancy and early childhood, with reinforcing doses at intervals no longer than 5 years. An attack does not confer immunity. In the absence of active immunization, tetanus antitoxin provides passive protection to injured persons.	Commonly 4 days to 3 weeks; longer periods have been noted.	Painful muscular contractions of neck, jaw, and trunk muscles. Stiffness increases until jaws become locked; the head is drawn backward. Slight stimulation of patient causes convulsions and extreme pain. Usually low fever; difficulty in swallowing and breathing is common.	Not directly transmissible from person to person.	Rare under proper treatment and prevention; probably fatal if not treated promptly.
Tuberculosis (Pulmonary)	Infection usually results from continued and intimate exposure to infected persons with active disease. Coughing or sneezing by a patient whose sputum contains the tubercle bacillus releases a cloud of highly infectious droplets. Bovine tuberculosis transmitted by ingestion of unpasteurized dairy products from infected cows.	Isolation and treatment of active cases; examination of contacts and suspects; X-ray screening of adults in communities where the frequency of tuberculosis is known to be excessive; pasteurization of milk and the elimination of tuberculosis among dairy cattle; BCG vaccination for uninfected persons subject to unavoidable, heavy exposure.	From infection to primary phase lesions, about 4 to 6 weeks; from infection to progressive pulmonary tuberculosis may be years, with first 6 to 12 months most hazardous.	Primary infection usually goes undetected, but resembles the common cold. Course of disease varies widely. Earliest symptoms usually fatigue, weight loss, loss of appetite, chronic cough, fever, night sweats.	As long as tubercle bacilli are being discharged by the patient. Commences when a lung lesion becomes open and continues until healed or death occurs. Some patients intermittently infectious for years. Coughing habits and hygienic practices of patient influence his degree of infectiousness.	Pleurisy, with or without effusion; meningitis; infection of gastrointestinal tract when sputum is swallowed; infection of the lymph system; rectal fistulae and abscesses; tuberculosis of the kidney.
Tularemia (Rabbit Fever)	By bite of infected flies or ticks; by handling infected animals; or by fluids from infected insects or animals; by ingestion of insufficiently cooked rabbit meat; drinking contaminated water.	Killed vaccines are of limited value. Avoid bites of flies and ticks and handling animals in areas where disease is prevalent. Avoid drinking raw water where disease prevails among wild animals. Permanent immunity usually follows recovery.	From 24 hours to 10 days, usually 3 days.	Nausea and vomiting; chills; fever; an ulcer usually appears at the site of infection and lymph glands in the area become tender, swollen, and commonly suppurate. Acute symptoms subside in 2 to 3 weeks, but recovery may take 2 to 3 months.	Under natural conditions not directly transmissible from person to person. Infectious agent may be found in the blood of man during the first 2 weeks of the disease and in lesions up to a month and some times longer.	Pneumonia; meningitis; encephalitis.
Typhoid Fever	Direct or indirect contact with infected persons or carriers. Principal vehicles of spread are water and food contaminated with feces or urine of infected persons. Contamination is usually by hands of a carrier or of an undiagnosed case. Flies may also play a part in spread.	Immunization with typhoid vaccine; periodic reinforcing injections desirable, commonly once in 3 years. A high degree of immunity usually follows recovery from the disease.	Variable; average 2 weeks; usual range 1 to 3 weeks.	Fever; headache; constipation more commonly than diarrhea; abdominal tenderness and distention; rose spots on the trunk.	As long as typhoid bacilli appear in excreta; usually from second week throughout convalescence; thereafter variable. From 2 to 5 percent of patients become permanent carriers.	Hemorrhage or perforation of the intestine; peritonitis; blood clot in a vein; early heart failure; bedsores; bronchitis and pneumonia.

Chart of Selected Communicable Diseases *(continued)*

Disease	How Spread	Prevention	How Long From Exposure to Onset	Common Symptoms	How Long Communicable	Some Possible Complications
Undulant Fever (Brucellosis)	Contact with infected animals, animal tissues, or secretions, and by ingestion of milk or dairy products from infected animals.	Immunization by vaccination not widely accepted; its effect is controversial. Search for and elimination of infected animals, meat inspection, and pasteurization of milk and dairy products are common preventive measures.	Highly variable and difficult to ascertain; usually 5 to 21 days; occasionally several months.	Onset may be acute or gradual, with fever, headache, weakness, profuse sweating, chills, and generalized aching. The disease may last for several days, many months, or occasionally for several years. Recovery is usual, but disability is often pronounced.	Rarely communicable from man to man; the infectious agent may be discharged in urine and other excretions for long periods of time.	Heart damage; chronic arthritis; pneumonia; habitual or occasional abortion; mastitis; inflammation of the ovaries in women, of the testes in men.
Whooping Cough (Pertussis)	By direct contact with infected persons, by droplet spread, or indirectly by contact with articles freshly soiled with discharges from the nose and throat.	Immunization of all susceptible preschool children. Vaccines may be used alone or in combination with diphtheria and tetanus toxoid. Immunization can be started at 1 to 2 months of age. A single reinforcing dose at 1 to 2 and again at 4 to 5 years of age; and additionally if there is a known, direct contact with a case in the family.	Commonly 7 days; almost uniformly within 10 days and not exceeding 21 days.	Acute bacterial infection involving the respiratory tract, and characterized by a typical "whooping" cough, lasting 1 to 2 months. Beginning symptoms like those of the common cold.	From 7 days after exposure to 3 weeks after onset of typical paroxysmal cough.	Pneumonia is usually the chief cause of death from this disease; bronchiectasis; emphysema; middle ear disease; brain damage; hernia; convulsions.

Maternal and Child Care

INTRODUCTION

The course of study in Maternal and Child Care is designed to assist the student to develop an understanding and appreciation of the maternal cycle and to acquire the skills needed to give adequate care to mother and baby. In addition, the student should gain an understanding of the emotional adjustments that the infant's family has to make.

The focus of this unit is on the unique needs of the mother and infant.

The program should give the student an awareness of the positive concepts in maternal and child care and its contribution to the health of the community at large.

OBJECTIVES

To gain knowledge, understanding, an
the nursing care of

- patients through the prenatal p
  the maternal cycle
- patients during and after child
- newborn in the nursery
- patients with complications of
  labor, and delivery

Maternal and Child Care

study in Maternal and Child Care
ist the student to develop an
appreciation of the maternal
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this unit is on the unique needs
infant.
hould give the student an aware-
ive concepts in maternal and
s contribution to the health of
large.

OBJECTIVES

To gain knowledge, understanding, and skill in the nursing care of

- patients through the prenatal phase of the maternal cycle
- patients during and after childbirth
- newborn in the nursery
- patients with complications of pregnancy, labor, and delivery

Unit 1

PRENATAL PHASE

Topic	Content Development	Patient-Related Act
Introduction to Obstetrics	Definition of obstetrics	
	History of obstetrics ancient modern midwifery	
	Medical word construction birth..................natal delivery...............partum period following last stage of birth.........puerperium before.................pre- ante- after..................post- pregnant...............gravid having delivered a living child...........parous more than one..........multi- first..................primi- pertaining to unborn child..................fetal surgical repair.........-orrhaphy opening or incision.....-otomy reduction to original size...................involution capable of living......viable	Read obstetrical ch terminology relat
Preganancy	Definition of pregnancy	Visit to prenatal cl Review charts and mo reproductive syste

PRENATAL PHASE

	Content Development	Patient-Related Activities
o Obstetrics	Definition of obstetrics	
	History of obstetrics ancient modern midwifery	
	Medical word construction birth..................natal delivery...............partum period following last stage of birth..........puerperium before.................pre- ante- after..................post- pregnant...............gravid having delivered a living child...........parous more than one..........multi- first..................primi- pertaining to unborn child..................fetal surgical repair.........-orrhaphy opening or incision.....-otomy reduction to original size....................involution capable of living.......viable	Read obstetrical charts tc analyze terminology related to obstetrics
	Definition of pregnancy	Visit to prenatal clinic Review charts and models of the female reproductive systems

Unit 1

Topic	Content Development	Patient-Related Activit
Pregnancy	Duration of pregnancy	
	Naegele's Rule	Calculate problems rel date of delivery or
	Development of fetus genetic factors chromosomes and genes sex determination	
	progressive development	
	early developmental stages monthly development	Observe fetal specimen stages
	fetal circulation	Use models and charts development Compare circulation in that of the fetus
	fetus as affected by drugs alcohol tobacco	Visit nursery and pedi to observe congenita
	Special problems related to pregnancy psychological adjustment-abortion unwed mother and father	Observe patients with problems Provide emotional supp
	Physical changes of reproductive system uterus - Hegar's sign vagina - Chadwick's sign enlargement of uterus ammenorrhea vaginal secretions enlarged breasts	Observe and assist wit ination in prenatal

Content Development	Patient-Related Activities
Duration of pregnancy Naegele's Rule	Calculate problems related to estimated date of delivery or confinement
Development of fetus genetic factors chromosomes and genes sex determination	
progressive development early developmental stages monthly development fetal circulation	Observe fetal specimens at various stages Use models and charts on fetal development Compare circulation in adult with that of the fetus
fetus as affected by drugs alcohol tobacco	Visit mursery and pediatric service to observe congenital defects
Special problems related to pregnancy psychological adjustment- abortion unwed mother and father	Observe patients with psychological problems Provide emotional support and reassurance
Physical changes of reproductive system uterus - Hegar's sign vagina - Chadwick's sign enlargement of uterus ammenorrhea vaginal secretions enlarged breasts	Observe and assist with physical examination in prenatal clinic

Topic	Content Development	Patient-Related Acti
Pregnancy	integumentary system striae gravidarum pigmentation perspiration and oil secretions	Explain to patient i personal hygiene
	endocrine system changes in various glands	
	circulatory system heart - blood blood vessels tissue edema headaches	Teach patient need f clothing and exerc Observe and record v symptoms related t
	musculoskeletal system bones and muscles teeth joints	Explain need to patie supervision and die Teach patient need f
	respiratory system hyperventilation - aid to fetus	
	digestive system salivary glands stomach - nausea and vomiting intestines - regulation of bowel	Review adequate diet constipation and ex
	urinary system urinary frequency	Teach patient how to during routine visi Explain hygienic meas discomforts
	nervous system	

Content Development	Patient-Related Activities
integumentary system striae gravidarum pigmentation perspiration and oil secretions	Explain to patient importance of good personal hygiene
endocrine system changes in various glands	
circulatory system heart - blood blood vessels tissue edema headaches	Teach patient need for non-constricting clothing and exercise Observe and record vital signs and symptoms related to circulatory changes
musculoskeletal system bones and muscles teeth joints	Explain need to patient for good dental supervision and diet Teach patient need for good posture
respiratory system hyperventilation - aid to fetus	
digestive system salivary glands stomach - nausea and vomiting intestines - regulation of bowel	Review adequate diet to prevent constipation and excessive weight gain
urinary system urinary frequency	Teach patient how to obtain specimens during routine visits Explain hygienic measures to relieve discomforts
nervous system	

Unit 1

Topic	Content Development	Patient-Related Acti
Pregnancy	Signs and symptoms	
	presumptive	
	amenorrhea	Use of charts depict
	breast changes	pigment and size
	nausea - vomiting	Assist doctor with c
	urinary frequency	prenatal clinic
	leukorrhea	
	quickening	
	probable	
	genital and uterine changes	
	Chadwick's sign	
	Goodell's sign	
	Hegar's sign	
	Braxton Hicks'	
	abdominal changes	Assist with patients
	size	of pregnancy
	striae gravidarum	
	pigmentation	
	laboratory tests	Prepare patient for
	diagnostic tests	
	animal	
	Aschheim-Zondek	
	Friedman	
	Xenopus	
	Agglutination	
	Amenorrhea test	
	positive	
	fetal heart tone	Assist with care of
		clinic
	fetal parts felt by examiner	
	fetal movements felt by examiner	

Content Development	Patient-Related Activities
Signs and symptoms	
presumptive	
amenorrhea	Use of charts depicting changes in pigment and size
breast changes	
nausea - vomiting	Assist doctor with care of patients in prenatal clinic
urinary frequency	
leukorrhea	
quickening	
probable	
genital and uterine changes	
Chadwick's sign	
Goodell's sign	
Hegar's sign	
Braxton Hicks'	
abdominal changes	Assist with patients at various stages of pregnancy
size	
striae gravidarum	
pigmentation	
laboratory tests	Prepare patient for laboratory tests
diagnostic tests	
animal	
Aschheim-Zondek	
Friedman	
Xenopus	
Agglutination	
Amenorrhea test	
positive	
fetal heart tone	Assist with care of patients in prenatal clinic
fetal parts felt by examiner	
fetal movements felt by examiner	

Topic	Content Development	Patient-Related Activi
Prenatal Care Antepartum Care	Definition of prenatal care refers to planned examination, observation, and guidance of expectant mother	
	Goals pregnancy with a minimum of mental and physical discomfort and a maximum of gratification delivery under optimum conditions delivery of a baby with good potential for survival establishment of good health habits for family smooth, guided postpartum adjustment	Observe and assist in prenatal classes
	Medical supervision facilities available private physician hospital clinics public health agencies	
	First visit past medical history diseases, operations, general health menstrual history previous pregnancies and labor	
	examination of the patient review lithotomy and other body positions for chest, abdominal, and pelvic examinations	Take vital signs Weigh patient Assist with physical including palpation estimation of pelvi and vaginal examina

Content Development	Patient-Related Activities
Definition of prenatal care refers to planned examination, observation and guidance of expectant mother	
Goals pregnancy with a minimum of mental and physical discomfort and a maximum of gratification delivery under optimum conditions delivery of a baby with good potential for survival establishment of good health habits for family smooth, guided postpartum adjustment	Observe and assist in the teaching of prenatal classes
Medical supervision facilities available private physician hospital clinics public health agencies	
First visit past medical history diseases, operations, general health menstrual history previous pregnancies and labor	
examination of the patient review lithotomy and other body positions for chest, abdominal, and pelvic examinations	Take vital signs Weigh patient Assist with physical examination, including palpation of abdomen, estimation of pelvic measurements, and vaginal examination

Unit 1

Topic	Content Development	Patient Related Activ
Prenatal Care Antepartum Care	laboratory tests Wasserman urinalysis RH factor	Assist with collecti
	General hygiene nurse's role in instruction and education using individual and group instruction baths elimination weight control dental clothing douching rest and exercise marital relations diet drugs, alcohol, and tobacco	Interpret physician's patients
	Subsequent visits - supervision and prevention of normal discomforts of pregnancy nausea and vomiting heartburn constipation flatulence shortness of breath backache leukorrhea pruritis leg cramps edema of feet varicose veins	Assist physician wit urinalysis weight blood pressure mea special examinatio warrants blood examination rectal and vaginal Interview patients a to relieve discomf View charts to see b relation to the di

re

Content Development	Patient-Related Activities
laboratory tests Wasserman urinalysis RH factor	Assist with collection of specimens
General hygiene	
nurse's role in instruction and education using individual and group instruction baths elimination weight control dental clothing douching rest and exercise marital relations diet drugs, alcohol, and tobacco	Interpret physician's instructions to patients
Subsequent visits - supervision and prevention of normal discomforts of pregnancy nausea and vomiting heartburn constipation flatulence shortness of breath backache leukorrhea pruritis leg cramps edema of feet varicose veins	Assist physician with procedures urinalysis weight blood pressure measurement special examination when condition warrants blood examination rectal and vaginal examination Interview patients and teach measures to relieve discomforts View charts to see bodily changes in relation to the discomforts

Unit 1

Topic	Content Development	Patient-Related
Prenatal Care Antepartum Care	danger signals persistent headaches persistent nausea and vomiting visual disturbances vaginal bleeding severe pain in lower abdomen edema of face and hands chills and fever sudden escape of fluid from vagina	Observe patients
	Complications of pregnancy hyperemesis gravidarum	Observe and care complications - treatment, and
	toxemia - pre-eclampsia and eclampsia	Prepare case stud patients with pregnancy
	abortions - types	
	ectopic pregnancy	
	placenta previa	
	infectious diseases rubella syphillis gonorrhea	Observe newborn defects Practice isolati
	non-infectious diseases diabetes mellitus heart disease	Prepare case study or diabetic pre

Content Development	Patient-Related Activities
danger signals persistent headaches persistent nausea and vomiting visual disturbances vaginal bleeding severe pain in lower abdomen edema of face and hands chills and fever sudden escape of fluid from vagina	Observe patients in prenatal clinics
Complications of pregnancy hyperemesis gravidarum	Observe and care for patients with complications - emphasizing causes, treatment, and nursing care
toxemia - pre-eclampsia and eclampsia	Prepare case study on individual patients with complications of pregnancy
abortions - types	
ectopic pregnancy	
placenta previa	
infectious diseases rubella syphillis gonorrhea	Observe newborn with congenital defects Practice isolation technique
non-infectious diseases diabetes mellitus heart disease	Prepare case study on the cardiac or diabetic pregnant woman

Topic	Content Development	Patient-Related A
Labor and Delivery	Labor and delivery	Admit obstetrical
	theory regarding onset of labor	
	signs of labor	
	lightening	
	Braxton Hicks' contractions	
	vaginal discharge and show	
	rupture of amniotic membrane	
	stages of labor	
	first stage	Give care of pati
	definition	stage of labor
	physiological changes and nurse's role	administer pe take vital si
	duration	check fetal h
	complications	note contract observe for r give enema observe for u excessive b meconium in prolapsed c change in v symptoms of
	second stage of labor	Give care to pati
	definition	stage of labor
	duration	
	physiological changes	
	position - presenting parts	

LABOR AND DELIVERY

Content Development	Patient-Related Activities
Labor and delivery theory regarding onset of labor signs of labor lightening Braxton Hicks' contractions vaginal discharge and show rupture of amniotic membrane	Admit obstetrical patient
stages of labor first stage definition physiological changes and nurse's role duration complications	Give care of patient during first stage of labor administer perineal preparation take vital signs check fetal heart note contractions observe for rupture of membrane give enema observe for unusual symptoms excessive bleeding meconium in vaginal discharge prolapsed cord change in vital signs symptoms of shock
second stage of labor definition duration physiological changes position - presenting parts	Give care to patient during second stage of labor

Topic	Content Development	Patient Relate
Labor and Delivery	third stage definition duration physiological changes	Assist the doc room Record pertine time expulsion height and
	Obstetrical anesthesia and analgesia types general local regional natural childbirth hypnosis	Observe admini in labor roo
	Complications of labor and delivery dystocia contracted pelvis prolapsed cord multiple pregnancies	Observe and as care of peti
	Operative obstetrics episiotomy and repairs caesarian section forceps delivery	Assist with the with emphasis postoperative patient
Postpartum Care	Postpartum care immediate care	Provide immedia obstetrical p observe gen take vital palpate fun observe loc check for b observe for shock

	Content Development	Patient Related Activities

ry	third stage
	  definition
	  duration
	  physiological changes
		Assist the doctor in the delivery room
		Record pertinent information:
		  time
		  expulsion of placenta
		  height and tone of fundus

	Obstetrical anesthesia and analgesia
	  types
	    general
	    local
	    regional
	    natural childbirth
	    hypnosis
		Observe administration of anesthesia in labor room

	Complications of labor and delivery
	  dystocia
	  contracted pelvis
	  prolapsed cord
	  multiple pregnancies
		Observe and assist with deliveries and care of petients with complications

	Operative obstetrics
	  episiotomy and repairs
	  caesarian section
	  forceps delivery
		Assist with the delivery of patient with emphasis on preoperative and postoperative needs of obstetrical patient

	Postpartum care
	  immediate care
		Provide immediate nursing care for obstetrical patient
		  observe general conditions
		  take vital signs
		  palpate fundus
		  observe lochia
		  check for bladder distention
		  observe for hemorrhage and shock

Unit 2

Topic	Content Development	Patient-Related A
Postpartum Care	general care	Provide care for patient check and recor the fundus teach breast ca technique observe and rec amount, and o chart intake an administer peri personal hygi plan nutrition of the nursin mother assist with pre record and repo related to ph changes provide emotion reassurance teach importanc exercise and

Content Development	Patient-Related Activities
general care	Provide care for the postpartum patient check and record findings regarding the fundus teach breast care and nursing technique observe and record character, amount, and odor of lochia chart intake and output administer perineal care and teach personal hygiene plan nutrition to meet the needs of the nursing and non-nursing mother assist with prescribed exercise record and report pertinent findings related to physical and emotional changes provide emotional support and reassurance teach importance and value of exercise and six-week examination

Topic	Content Development	Patient-Relate
Care of Newborn	Newborn physiological changes at birth general characteristics of the newborn	Use chart to r Observe newbor
	immediate care of the newborn airways cord evaluation - Apgar scale prophylaxis - eyes inspection, weight, length, temperature position identification birth registration religious rites as indicated	Patient-C Mrs. B. gave b 8:50 A.M. I vertex deliv after inspec Dr. Miller g nurse in the What are the of the nurse immediate ca
	daily care skin care weight feeding - breast vs. formula eliminations record observations special tests	Baby John was at 9:30 A.M. of the admitt nursery?
	preparation of mother in care of infant at discharge techniques of feeding weight loss or gain daily hygiene - bath, dress, elimination circumcision	Mrs. B. appears after she is ready for dis some difficul John to nurse How can the n breast feedin Demonstrate car preparation f Discuss introdu other members

CARE OF THE NEWBORN

Content Development	Patient-Related Activities
Newborn	
physiological changes at birth	Use chart to review fetal circulation
general characteristics of the newborn	Observe newborn in delivery room
immediate care of the newborn airways cord evaluation - Apgar scale prophylaxis - eyes inspection, weight, length, temperature position identification birth registration religious rites as indicated	Patient-Centered Problem Mrs. B. gave birth to baby John at 8:50 A.M. It was a spontaneous, vertex delivery. Immediately after inspecting the infant, Dr. Miller gave the baby to the nurse in the delivery room. What are the responsibilities of of the nurse in assisting in the immediate care of the newborn?
daily care skin care weight feeding - breast vs. formula eliminations record observations special tests	Baby John was admitted to the nursery at 9:30 A.M. What are the duties of the admitting nurse in the nursery?
preparation of mother in care of infant at discharge techniques of feeding weight loss or gain daily hygiene - bath, dress, elimination circumcision	Mrs. B. appears very apprehensive after she is told that she is ready for discharge. She has some difficulty in getting Baby John to nurse adequately. How can the nurse advise her about breast feeding the infant? Demonstrate care of the infant in preparation for discharge. Discuss introduction of infant to other members of the family.

Topic	Content Development	Patient-Related
Care of Newborn	Special conditions of the newborn Prematurity causes characteristics nursing care principles of premature care maintenance of body temperature protection from infection maintenance of adequate airway maintenance of adequate fluid and caloric intake	Patient- Centered Baby Thomas was 6:00 P.M. to M The parents we apprehensive w them that the 14 oz. and wou incubator. Th were asked by How does the p from the aver What are the c how can it be Will the prema develop into Prepare a plan for 24 hours.
	Abnormalities of the newborn need for early recognition possible causes symptoms of abnormalities and defects special nursing responsibilities observation for defects effect of defect on the infant helping the parent to accept the deformity agencies for infants with defects and abnormalities	Mr. and Mrs. Far anticipating t first baby. A prenatal clin she notes that history of Ger the first trim Why is the his significant? Baby Jane was bo Weight was 7 revealed conge right hand. N noted. Prepare a nursi Jane.
	Circumcision definition of circumcision significance of circumcision nursing responsibilities in caring for the infant with circumcision	Prepare a nursi circumcised i

Content Development	Patient-Related Activities
Special conditions of the newborn Prematurity causes characteristics nursing care principles of premature care maintenance of body temperature protection from infection maintenance of adequate airway maintenance of adequate fluid and caloric intake	Patient- Centered Situation Baby Thomas was born prematurely at 6:00 P.M. to Mr. and Mrs. James. The parents were very excited and apprehensive when the doctor informed them that the infant weighed 3 lbs. 14 oz. and would be placed in an incubator. The following questions were asked by the parents: How does the premature infant differ from the average newborn? What are the causes of prematurity and how can it be prevented? Will the premature infant survive and develop into a normal child? Prepare a plan of care for Baby Thomas for 24 hours.
Abnormalities of the newborn need for early recognition possible causes symptoms of abnormalities and defects special nursing responsibilities observation for defects effect of defect on the infant helping the parent to accept the deformity agencies for infants with defects and abnormalities	Mr. and Mrs. Farmer are eagerly anticipating the arrival of their first baby. As the nurse in the prenatal clinic reads the history, she notes that Mrs. Farmer has a history of German measles during the first trimester. Why is the history in this case so significant? Baby Jane was born to the Farmers. Weight was 7 lbs. Examination revealed congenital absence of the right hand. No other defects were noted. Prepare a nursing care plan for Baby Jane.
Circumcision definition of circumcision significance of circumcision nursing responsibilities in caring for the infant with circumcision	Prepare a nursing care plan for a circumcised infant.

Pediatric Nursing

INTRODUCTION

The course of study in Pediatric Nursing is designed to prepare the student for her role in understanding and caring for the sick child. The patient-centered approach emphasizes the various stages of growth and development (physical, emotional, social, and psychological) of the hospitalized child in order to provide safe nursing care.

OBJECTIVES

1. To apply knowledge of the growth and developmental patterns of the normal child when caring for the ill child.
2. To understand the need for emotional support of the hospitalized child and his family.
3. To provide an understanding of and skills needed for some pediatric conditions.

PEDIATRIC NURSING

Topic	Content Development	Patient-Related Activi
Principles of Pediatric Care	Introduction to pediatric service	Visit pediatric units
	Pediatric environment	
	appearance - unit, playroom	Child's reaction to ho
	safety standards and rules	View film "A Two-Year- the Hospital"
	furniture and equipment	
		Parents' emotions
		Pediatric routines
		admission
		adaptation of nursin specific age group
		discharge
		follow-up-visit-clin department

PEDIATRIC NURSING

Content Development	Patient-Related Activities
Introduction to pediatric service	Visit pediatric units in hosptial
Pediatric environment	
appearance - unit, playroom	Child's reaction to hospitalization
safety standards and rules	View film "A Two-Year-Old Goes to the Hospital"
furniture and equipment	
	Parents' emotions
	Pediatric routines
	admission
	adaptation of nursing procedures to specific age groups
	discharge
	follow-up-visit-clinic, out-patient department

Topic	Content Development	Patient-Related Act
Care of Ill Child	Care of infant with diarrhea	Patient-Centered Pr Susan Jones, a nine admitted to the pedi The history reveale vomiting for the pa frequent, watery st days, with a temper Admission Orders isolation urinalysis and stool intake and output - CBC and differential I.V. - 2½ percent gl Compare admission pr with that of an ad Discuss hosptial rou Discuss safety facto
	Review "Body Structure and Function" and "Growth and Development" as they apply to each age group presented in problems	Plan and adapt speci to care of Susan: prepare isolation take vital signs assist with I.V. provide skin care use of restraints feeding Discuss - cause, sym prevention of diar Discuss - psychologic hospitalization

Content Development	Patient-Related Activities
Care of infant with diarrhea	Patient-Centered Problem Susan Jones, a nine-month-old infant,was admitted to the pediatric unit at 10:00 A.M. The history revealed that Susan had been vomiting for the past 16 hours and had frequent, watery stools for the past two days, with a temperature of 103F. Admission Orders isolation urinalysis and stool specimen intake and output - 24 hours CBC and differential I.V. - 2½ percent glucose - 500 c.c. Compare admission procedures for child with that of an adult Discuss hosptial routines for children Discuss safety factors
Review "Body Structure and Function" and "Growth and Development" as they apply to each age group presented in problems	Plan and adapt special procedures related to care of Susan: prepare isolation unit - review take vital signs assist with I.V. provide skin care use of restraints feeding Discuss - cause, symptoms, treatment, and prevention of diarrhea Discuss - psychological effect of hospitalization

Topic	Content Development	Patient-Related Acti
Care of Ill Child	Care of infant with common diseases and disorders	Observe and provide infants with disorde
	congenital anomalies hydrocephalus spina bifida cleft palate atresia pyloric stenosis club foot - dislocation of hip respiratory conditions cardiac conditions communicable disease	Prepare plan of nurs with common disorde Review chart - "Comm Visit Child Health C immunization proce Patient-Cen
	Care of toddler with third degree burns	Paul, age 3, was il Doctor ordered use c hours of sleep. Va on chair alongside c tossing in his slee the contents over hi degree burns of the Child was taken to e ambulance and was i the pediatric unit.
	treatment - open technic, pressure bandage other complications infection pneumonia (use of croupette) keloids contractures disfigurement	Discuss first aid me burns Discuss management c Admission C prepare aseptic u assist with I.V. assist with speci current literatu take intake and o use of Stryker or ordered provide emotional parents rehabilitation prevention of bur in the home

Content Development	Patient-Related Activities
Care of infant with common diseases and disorders congenital anomalies hydrocephalus spina bifida cleft palate atresia pyloric stenosis club foot - dislocation of hip respiratory conditions cardiac conditions communicable disease	Observe and provide nursing care of infants with disorders Prepare plan of nursing care for infant with common disorders Review chart - "Communicable Disease" Visit Child Health Center - observe immunization procedures Patient-Centered Problem
Care of toddler with third degree burns treatment - open technic, pressure bandage other complications infection pneumonia (use of croupette) keloids contractures disfigurement	Paul, age 3, was ill at home with croup. Doctor ordered use of vaporizer during hours of sleep. Vaporizer was placed on chair alongside of bed. Paul, while tossing in his sleep, accidentally knocked the contents over his body, causing third degree burns of the neck and upper trunk. Child was taken to emergency unit via ambulance and was immediately admitted to the pediatric unit. Discuss first aid measures for severe burns Discuss management of shock and toxicity Admission Orders prepare aseptic unit to receive child assist with I.V. and cutdown assist with special procedures (see current literature) take intake and output for 24 hours use of Stryker or Bradford frames as ordered provide emotional support for child and parents rehabilitation prevention of burns - safety precautions in the home

Topic	Content Development	Patient-Related Activi
Care of Ill Child	Other conditions of children worms poisoning nephrosis cerebral palsy	
	deafness	Visit school for the d techniques of communic
		Patient-Centered
		Gladys Frank, age 8, c pains with nausea and twenty-four hours; ten Child brought into eme then admitted.
		Examination of abdomen and tenderness in righ laboratory report, WBC diagnosis - appendicit
		Doctor's pre-operative appendectomy: abdominal skin prepa catheterization small, low tap water 15 minutes prior to Meperidine hydrochlo Atropine sulfate 0.5
		Doctor's post-operativ vital signs - B.P.; positions and activi medication for pain prophylactic diet

Content Development	Patient-Related Activities
Other conditions of children worms poisoning nephrosis cerebral palsy	
deafness	Visit school for the deaf to observe techniques of communication
	Patient-Centered Problem
	Gladys Frank, age 8, complained of severe pains with nausea and vomiting for the past twenty-four hours; temperature normal. Child brought into emergency room and then admitted.
	Examination of abdomen revealed rigidity and tenderness in right lower quadrant; laboratory report, WBC-15,000; possible diagnosis - appendicitis
	Doctor's pre-operative orders for appendectomy: abdominal skin preparation catheterization small, low tap water enema 15 minutes prior to going to O.R. Meperidine hydrochloride 75 mg. "H" Atropine sulfate 0.5 mg. "H"
	Doctor's post-operative orders: vital signs - B.P.; T.P.R. positions and activity medication for pain prophylactic diet

Topic	Content Development	Patient-Related Act
Care of Ill Child		Practice pre-operat child, emphasis on
		skin preparation enema catheterization injections intravenous anest post-operative nu complications diversional and r therapy for hospi child ages 4-10 (
	Other conditions of children communicable diseases (immunization) leukemia tonsillitis rheumatic fever chorea juvenile diabetes pediculosis	
	Care of adolescent with a fracture of thorocolumbar-vertebrae	Patient-Cente
		Joe Williams, age 1 football, fractured vertebrae. Full bo expected hospitaliz
		Nursing responsibil observe for unusu cast hygienic care positioning and e psychological pro a cast activities relate educational - e.g. programs

	Content Development	Patient-Related Activities
d		Practice pre-operative procedures for a child, emphasis on psychological effects. skin preparation enema catheterization injections intravenous anesthesia post-operative nursing care complications diversional and recreational therapy for hospitalized child ages 4-10 (arts and crafts)
	Other conditions of children communicable diseases (immunization) leukemia tonsillitis rheumatic fever chorea juvenile diabetes pediculosis	
	Care of adolescent with a fracture of thorocolumbar-vertebrae	Patient-Centered Problem Joe Williams, age 14, while playing football, fractured several thorocolumbar vertebrae. Full body cast applied; expected hospitalization 6-8 weeks duration. Nursing responsibilities of patient in cast observe for unusual signs in area of cast hygienic care positioning and exercises psychological problems of patient in a cast activities related to hospitalized child educational - e.g., home study; special programs

Topic	Content Development	Patient-Related Activ
Care of Ill Child		provide care for pa demonstrate diversi recreational nurs with orthopedic c (use of Stryker, and CircOelectric demonstrate crutch teaching crutch w
	Other conditions and special problems of the adolescent tuberculosis acne dysmenorrhea venereal disease drug addiction nutritional (obesity - underweight)	

Content Development	Patient-Related Activities
	provide care for patient in traction demonstrate diversional and recreational nursing care of patients with orthopedic conditions in traction, (use of Stryker, Bradford frames, and CircOelectric bed) demonstrate crutch walking - practice teaching crutch walking to patient
Other conditions and special problems of the adolescent tuberculosis acne dysmenorrhea venereal disease drug addiction nutritional (obesity - underweight)	

Psychiatric Nursing

INTRODUCTION

This course of study in Psychiatric Nursing is designed to give the student a general understanding of the mentally ill patient - causes and treatment - and the role of the practical nurse in the care of the patient. In addition, it gives the student an opportunity to use her knowledge and understanding of normal human behavior as a basis for understanding deviate behavior in the mentally ill patient and persons in stress situations.

OBJECTIVES

To understand the dynamics of normal
behavior.

To recognize deviations in human beh
their relation to the total nursing
the patient.

To understand the importance of a th
climate in meeting the patient's ne

Psychiatric Nursing

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ntally ill patient - causes and
e role of the practical nurse in
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ortunity to use her knowledge
of normal human behavior as a
nding deviate behavior in the
nt and persons in stress

OBJECTIVES

To understand the dynamics of normal human behavior.

To recognize deviations in human behavior and their relation to the total nursing care of the patient.

To understand the importance of a therapeutic climate in meeting the patient's needs.

PSYCHIATRIC NURSING

Topic	Content Development	Patient-Relate
Introduction to Mental Health		
Mental Illness as a Health Problem	Statistics number one health problem History past present National Mental Health Act current legislation	Report on primitive peoples trephining evil spirits Middle Ages Dorothea Dix Clifford Beers Sigmund Freud Jung Karl Menninger
	Personality development influence of early family relationships response to basic needs self-concept phases of personality development infancy childhood adolescence maturity marriage old age	

PSYCHIATRIC NURSING

	Content Development	Patient-Related Activities
o Mental		
lness as Problem	Statistics number one health problem	Report on primitive peoples trephining evil spirits Middle Ages Dorothea Dix Clifford Beers Sigmund Freud Jung Karl Menninger
	History past present National Mental Health Act current legislation	
	Personality development influence of early family relationships response to basic needs self-concept phases of personality development infancy childhood adolescence maturity marriage old age	

Topic	Content Development	Patient-Related A
Introduction to Mental Health		
Mental Illness as a Health Problem	Defense mechanisms compensation rationalization projection identification repression suppression compensation regression displacement withdrawal	Relate how mechanisms a adjust to life situatio of daily living

	Content Development	Patient-Related Activities
ental		
ss as oblem	Defense mechanisms compensation rationalization projection identification repression suppression compensation regression displacement withdrawal	Relate how mechanisms are used to adjust to life situations as part of daily living

Topic	Content Development	Patient-Relate
Predisposing Factors as Causes of Mental Illness	Heredity - idiocy, epilepsy environmental - cultural factors psychological factors physical diseases	Report on alcohol an related to insecurit Panel discussion on war economic strain overwork worry about health family disruption conflicts related to values, and needs related diseases and injury
Deviate Patterns of Behavior	Sexual deviation	Observation of patie behavior homosexuality sadism masochism voyeurism exhibitionism
Classification of Mental Illness	Neuroses - A neurosis is a mild to moderately severe illness of personality whereby there is contact with reality, with no organic condition. Hospitalization is not required. anxiety neurasthenia phobic reaction hypochondriasis	Observe and care for patients with neur

	Content Development	Patient-Related Activities
actors as ntal Illness	Heredity - idiocy, epilepsy environmental - cultural factors psychological factors physical diseases	Report on alcohol and drug abuse related to insecurity Panel discussion on effect of following war economic strain overwork worry about health family disruption conflicts related to personal ideals, values, and needs related diseases and trauma - brain injury
ns of	Sexual deviation	Observation of patients with deviant behavior homosexuality sadism masochism voyeurism exhibitionism
of Mental	Neuroses - A neurosis is a mild to moderately severe illness of personality whereby there is contact with reality, with no organic condition. Hospitalization is not required. anxiety neurasthenia phobic reaction hypochondriasis	Observe and care for medical or surgical patients with neurosis

Topic	Content Development	Patient.Related Activ
Classification of Mental Illness	Psychoses - A psychosis is a severe illness of personality revealed by loss of contact with reality. Usually leads to hospitalization.	
	organic arteriosclerosis toxic blood poisoning infectious disease syphilis encephalitis traumatic - brain injury neoplasm senility	Observe and care for surgical patients wit psychoses, or related
	functional psychopathic personality schizophrenic reaction simple hebephrenic catatonic paranoid manic-depressive depressed manic circular involutional psychoses simple depressed paranoid paranoia post partum psychosis mental defective morons imbeciles idiots	Visit psychiatric uni

	Content Development	Patient.Related Activities
of Mental	Psychoses - A psychosis is a severe illness of personality revealed by loss of contact with reality. Usually leads to hospitalization.	
	organic arteriosclerosis toxic blood poisoning infectious disease syphilis encephalitis traumatic - brain injury neoplasm senility	Observe and care for medical and surgical patients with neuroses, psychoses, or related conditions
	functional psychopathic personality schizophrenic reaction simple hebephrenic catatonic paranoid manic-depressive depressed manic circular involutional psychoses simple depressed paranoid paranoia post partum psychosis mental defective morons imbeciles idiots	Visit psychiatric unit

Topic	Content Development	Patient-Related Activi
Principles of Psychiatric Nursing	Role of the psychiatric nurse acceptance of the patient as a person communication on the level of the patient's understanding avoidance of verbal and physical force consistency in the attitude for patient's security nursing care focused on the patient as a person, not on the control of symptoms	Role-play to show nurs to care of patients symptoms
General Characteristics of Neurotic and Psychotic Behavior	Behavioral patterns are manifested in neuroses and psychoses worry feeling of guilt agitation compulsive manner marked insomnia repression suspicion somatic complaints delusions illusions hallucinations ideas of grandeur erratic stream of thought loneliness	Observe, report and istics of neurotic behavior Develop awareness of mental illness of self family patient
Commitment	Mental hospitals voluntary legal	Compare past and curre for care of the ment

	Content Development	Patient-Related Activities
chiatric	Role of the psychiatric nurse acceptance of the patient as a person communication on the level of the patient's understanding avoidance of verbal and physical force consistency in the attitude for patient's security nursing care focused on the patient as a person, not on the control of symptoms	Role-play to show nursing approach to care of patients manifesting symptoms
istics of ychotic	Behavioral patterns are manifested in neuroses and psychoses worry feeling of guilt agitation compulsive manner marked insomnia repression suspicion somatic complaints delusions illusions hallucinations ideas of grandeur erratic stream of thought loneliness	Observe, report and chart characteristics of neurotic and psychotic behavior Develop awareness of early signs of mental illness of self family patient
	Mental hospitals voluntary legal	Compare past and current hospitals for care of the mentally ill

Topic	Content Development	Patient Related Acti
Treatment and Rehabilitation of the Mentally Ill Patient	Forms of treatment somatic therapy shock therapy - insulin, metrazol, curare electric shock therapy drugs tranquilizers - chloral hydrate, paraldehyde sedatives - barbiturates hydrotherapy occupational therapy rehabilitation psychotherapy - counseling individual therapy family therapy group therapy psychoanalysis day and night clinics narcoanalysis - sodium pentathol	Explain role of foll specialists in tea psychiatrist clinical psychol psychiatric soci registered profe licensed practic occupational the recreational the industrial thera role of others family community

	Content Development	Patient.Related Activities
Rehabilitation	Forms of treatment	Explain role of following
lly Ill Patient	somatic therapy	specialists in team concept
	shock therapy - insulin,	psychiatrist
	metrazol, curare	clinical psychologist
	electric shock therapy	psychiatric social worker
	drugs	registered professional nurse
	tranquilizers - chloral hydrate,	licensed practical nurse
	paraldehyde	occupational therapist
	sedatives - barbiturates	recreational therapist
	hydrotherapy	industrial therapist
	occupational therapy	
	rehabilitation	role of others
	psychotherapy - counseling	family
	individual therapy	community
	family therapy	
	group therapy	
	psychoanalysis	
	day and night clinics	
	narcoanalysis - sodium pentathol	

APPENDIX

HISTORY OF THE PROGRAM

As early as 1918, Home Nursing was taught in some New York City high schools by nurses who were certified to teach it by the American Red Cross. It was then offered as a one-half unit elective.

Since Home Nursing was first offered, the number of schools offering the program has increased, along with the number of certified teachers. For a brief time during World War II, a Practical Nurse course was given in a vocational high school. This course was discontinued because high school students could not meet the age requirements for licensure at the time of graduation.

In 1953, the State Education Department reduced the age for admission to the licensing examination to eighteen years of age, thus enabling a student taking a Practical Nurse course in high school to be eligible for the examination. Steps were then taken to develop a Practical Nurse Curriculum to be offered in selected academic and vocational high schools. Standards for the program were established to meet the regulations of the State Education Department of New York governing schools for the practical nurses. Upon graduation, therefore, students enrolled in the Practical Nurse program receive, in addition to a high school diploma, a Practical Nurse diploma and are eligible to take the licensing examination.

The general purpose of the program is to prepare students to enter the licensing examinations and thus to be certified as Licensed Practical Nurses who will act in the capacity of a) giving nursing care to sub-ac
convalescing, handicapped, and a
in hospitals, homes, and other i
b) assisting the Registered Prof
in the care of acutely ill patie
caring for well children and i
course is open to those students
sucessfully completed the 10th y
have shown the interest, ability
and character to enter the vocat

The practical nurse program
academic and vocational high sch
high school) has been effective
school students and preparing pr
meet the health needs of an urba
uates of the Practical Nurse Pro
high school diploma and are elig
the New York State Licensing Exa
Practical Nursing.

In 1954 the Board of Educati
City with the approval of the Ne
Department of Education, Divisio
Education,established three pract
programs. In subsequent years Yo
closed and eight additional prog
approved and opened.

Jane Addams Vocational High

Mabel Dean Bacon Vocational

* Clara Barton Vocational High

Curtis High School

HISTORY OF THE PROGRAM

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ew York governing schools for
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enrolled in the Practical Nurse
, in addition to a high school
tical Nurse diploma and are
e the licensing examination.

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s to enter the licensing exam-
us to be certified as Licensed
s who will act in the capacity of

a) giving nursing care to sub-acutely ill, convalescing, handicapped, and aged patients in hospitals, homes, and other institutions; b) assisting the Registered Professional Nurse in the care of acutely ill patients; and c) caring for well children and infants. The course is open to those students who have sucessfully completed the 10th year and who have shown the interest, ability, personality, and character to enter the vocation of nursing.

The practical nurse program offered by the academic and vocational high schools (comprehensive high school) has been effective in educating high school students and preparing practical nurses to meet the health needs of an urban society. Graduates of the Practical Nurse Programs receive a high school diploma and are eligible to sit for the New York State Licensing Examination for Practical Nursing.

In 1954 the Board of Education of New York City with the approval of the New York State Department of Education, Division of Professional Education, established three practical nurse programs. In subsequent years Yorkville was closed and eight additional programs have been approved and opened.

Jane Addams Vocational High School	1959
Mabel Dean Bacon Vocational High School	1968
* Clara Barton Vocational High School	1954
Curtis High School	1962

Grace Dodge Vocational High School	1958
* Washington Irving High School	1954
Jamaica Vocational High School (Hillcrest High School)	1970
Morris High School	1966
Queens Vocational High School	1962
Julia Richman High School	1955
Eli Whitney Vocational High School	1970
* Yorkville Vocational High School	1954 - 1968

*the three initial practical nursing programs

Initial approval by the State Education for each school of practical nursing depends upon:

Statement of philosophy and objectives evolved by faculty members

Adequate physical facilities of the school

Adequate and available clinical facilities

Qualified faculty with appropriate academic and professional education and experience in nursing

Availability of students with potential and interest to achieve as licensed practical nurses

Use of curriculum pattern (
as stated in "Guide for Eva
Nursing Programs" published
State Education Department,
Professional Education.

ational High School 1958

ng High School 1954

nal High School 1970
gh School)

ool 1966

l High School 1962

igh School 1955

ational High School 1970

ional High School 1954 - 1968

itial practical nursing programs

proval by the State Education for
practical nursing depends upon:

of philosophy and objectives
faculty members

hysical facilities of the

d available clinical facilities

faculty with appropriate academic
ional education and experience

y of students with potential and
achieve as licensed practical

Use of curriculum pattern (course and hours) as stated in "Guide for Evaluating Practical Nursing Programs" published by the New York State Education Department, Division of Professional Education.

Board of Education
of the City of New York

OFFICE OF THE SUPERINTENDENT OF SCHOOLS

COOPERATIVE EDUCATION

Date________________

________________SCHOOL OF PRACTICAL NURSING

APPLICATION FOR ADMISSION TO PRACTICAL NURSE COURSE

Name________________ (print) Date of Birth________________

Address________________ (zone-state) Telephone________________ Citizen of U.S.________________

Father's Name________________ Place of Employment________________ (address)

Mother's Name________________ Place of Employment________________ (address)

Nearest Relative or Guardian________________ Address________________ Telephone________________

PERSONAL HISTORY

1. Elementary School________________ Address________________ Date of Diploma________________

2. Junior High School________________ Address________________ Date of Diploma________________

3. Do you have any physical defects?________________ Do you wear glasses?________________

4. Have you ever been a patient in a hospital?____ When?________________ Where?________________

Details________________

5. What, if any, illnesses have you had (list them)________________

____

PARENTAL CONSENT

I,________________give my daughter________________ permission to register in the Practical Nurse Course of________________ High School. I understand that she must maintain satisfactory school and hospital records. If she is considered unsatisfactory in either phase of the Practical Nurse course, my daughter will not be permitted to continue in the Practical Nurse School, but will be returned to the regular course.

________________PRINCIPAL

________________CHAIRMAN
or HEAD OF PRACTICAL NURSE SCHOOL

278

The Board of Education of the City of New York
COOPERATIVE EDUCATION PRACTICAL NURSE COURSE

Agreement for Practical Nurse Trainees, Parents and Hospital Personnel

1. Students in the Practical Nurse Course will follow an approved course of study during the 11th and 12th years of high school. Students will be eligible to take State Board Examinations for licensure as Practical Nurse.

2. Students selected for the course must have satisfactory school records, good attendance, punctuality, reliability and dependability. They must have the attitude, personality, maturity and physical fitness to be placed in hospitals for clinical practice during the 12th year. Appropriate tests will be given.

3. Twelfth year is programmed on a basis of alternation between school and hospital; four four-week periods and one five-week period in the clinical practice.
   This alternation will commence in the fall of 1968 as follows:
   "A" week will report to the hospital on September 9, 1968 for four weeks.
   "B" week will report to school on September 9, 1968 for four weeks and to the hospital on October 7, 1968.

4. The Board of Education has a responsibility to maintain all possible safeguards for student-trainees; therefore, it is requested that daytime shifts in hospitals be adhered to during the clinical practice period.

5. Hospitals are expected to provide for Practical Nurse Trainees the same securities, benefits and care as are established for other hospital personnel.

6. Students will be expected to take physical examinations, inoculations, etc., required of hsopital personnel. Parental signature below will constitute permission for all necessary examinations, tests and medical care.

7. Practical Nurse Trainees may expect to work on SATURDAYS, SUNDAYS, and HOLIDAYS IN TURN AS ARE ALL OTHER HOSPITAL EMPLOYEES. Parents should understand this before students enter the Practical Nurse course and see that students comply with such attendance when so assigned by the hospitals. POOR ATTENDANCE AND LATENESS WILL BE SUFFICIENT REASON FOR ELIMINATION FROM THE COURSE. Decision as to proficiency to continue clinical practice in the hospital rests with the hospital in which service is rendered. All prolonged absences for clinical practice in hospitals must be made up.

8. As in all areas of Cooperative Education, the clinical openings in hospitals are considered part of school training and as such belong to the school course. ANY STUDENT-TRAINEE LEAVING SCHOOL BEFORE GRADUATION OR BEFORE COMPLETION OF PRACTICAL NURSE COURSE MUST RESIGN FROM THE HOSPTIAL. Hospitals are expected to abide by this regulation by not hiring such student-trainees in ANY category in the hospital.

---

9. The Office of Cooperative Education shall be n
(1) of any Practical Nurse trainee placed "on
Practical Nurse trainee to be dropped from cl

10. The Office of Cooperative Education is respons
of hosptials and the assignment of Practical N

Reports of supervisory visits by school and ho
the Office of Cooperative Education.

PLEASE CONTACT THE OFFICE OF COOPERATIVE EDUCA
STREET, BROOKLYN, NEW YORK 11201 ** 596-6978
MATTERS CONCERNING STUDENT-NURSE TRAINEES

I have read and shall abide by the foregoing r

Parent's Signature__________

Student's Signature__________

ation of the City of New York
ATION PRACTICAL NURSE COURSE

se Trainees, Parents and Hospital Personnel

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2th years of high school. Students will be
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LEAVING SCHOOL BEFORE GRADUATION OR BEFORE
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ital.

9. The Office of Cooperative Education shall be notified by the hospital (1) of any Practical Nurse trainee placed "on probation "; (2) of any Practical Nurse trainee to be dropped from clinical experience.

10. The Office of Cooperative Education is responsible for the selection of hosptials and the assignment of Practical Nurse trainees to them.

Reports of supervisory visits by school and hospital personnel are due the Office of Cooperative Education.

PLEASE CONTACT THE OFFICE OF COOPERATIVE EDUCATION AT 110 LIVINGSTON STREET, BROOKLYN, NEW YORK 11201 ** 596-6978; 596-6979. ON ALL MATTERS CONCERNING STUDENT-NURSE TRAINEES

I have read and shall abide by the foregoing regulations.

Parent's Signature______________________________

Student's Signature______________________________

BOARD OF EDUCATION OF THE CITY OF NEW YORK

Office of the Chancellor

SAMPLE Twelfth-Year Schedule -- Practical Nurse Program

Rotation Plan

Alternation	Hospital:........................	"A" Group School:......
September 8 - October 3	4 weeks	
October 6 - October 31		4 w
November 3 - November 28	4 weeks	
December 1 - December 26		4 w
December 29 - January 23	4 weeks	
January 26 - February 20		4 w
February 23 - March 20	4 weeks	
March 23 - April 17		4 w
April 20 - May 22	5 weeks	
May 25 - June 26		5 w
	Total 21 weeks	Total 21 w

BOARD OF EDUCATION OF THE CITY OF NEW YORK

Office of the Chancellor

SAMPLE Twelfth-Year Schedule -- Practical Nurse Program

Rotation Plan

"A" Group

tion	Hospital:......................	School:..........................
er 3	4 weeks	
31		4 weeks
er 28	4 weeks	
er 26		4 weeks
ry 23	4 weeks	
ry 20		4 weeks
20	4 weeks	
		4 weeks
	5 weeks	
		5 weeks
	Total 21 weeks	Total 21 weeks

BOARD OF EDUCATION OF THE CITY OF NEW YORK

Office of the Chancellor

SAMPLE Twelfth-Year Schedule -- Practical Nurse Program

Rotation Plan

		"B" Group
Alternation	**Hospital:**..................	**School:**.........
September 8 - October 3		4 weeks
October 6 - October 31	4 weeks	
November 3- November 28		4 weeks
December 1 - December 26	4 weeks	
December 29 - January 23		4 weeks
January 26 - February 20	4 weeks	
February 23 - March 20		4 weeks
March 23 - April 17	4 weeks	
April 20 - May 22		5 weeks
May 25 - June 26	5 weeks	
	Total 21 weeks	Total 21 weeks

BOARD OF EDUCATION OF THE CITY OF NEW YORK

Office of the Chancellor

SAMPLE Twelfth-Year Schedule -- Practical Nurse Program

Rotation Plan

"B" Group

	Hospital:..................	School:............................
3		4 weeks
	4 weeks	
8		4 weeks
26	4 weeks	
23		4 weeks
20	4 weeks	
		4 weeks
	4 weeks	
		5 weeks
	5 weeks	
	Total 21 weeks	Total 21 weeks

BOARD OF EDUCATION OF THE CITY OF NEW YORK

Office of the Chancellor

SAMPLE ROTATION PLAN

School

Practical N
Cooperating

NAMES	9/8-14 15-21 22-28 29-10/5	6-12 13-19 20-26 27-11/2	3-9 10-16 17-23 24-30	12/1-7 8-14 15-21 22-28	29-1/4 5-11 12-18 19-25	26-2/1 2-8 9-15 16-22	23-3/1 2-8 9-15 16-22	23-29 30-4/5 6-12 13-19	20-26 27-5/3 4-10 11-17 18-24	25-31 6/1-7 8-14 15-21 22-28
Group: A										
	Orientation and Obser. Patient Approach. Med. & Surg. Exper.	SCHOOL	Staff & Patient Relationships. Med. & Surg. Exper.	SCHOOL	Med. & Surg. O.R., R.R. E.R. Observation.	SCHOOL	OBS. PED. Nursery Related Services in OPD.	SCHOOL	OBS. Ped. I.C.U. Overall Review Med. - Surg.	SCHOOL
Group: B										
	SCHOOL	Orientation & Patient Approach, Obser. Med. & Surg. Exper.	SCHOOL	Staff & Patient Relationships. Med. & Surg. Exper.	SCHOOL	Med. & Surg. O.R., R.R. & E.R. Observation	SCHOOL	OBS. PED. Nursery Related Services in OPD.	SCHOOL	OBS. Ped. I.C.U. Med. - Surg. Overall Review

BOARD OF EDUCATION OF THE CITY OF NEW YORK

Office of the Chancellor

SAMPLE ROTATION PLAN

Practical Nurse Program
Cooperating Clinical Facility

9/8-14 15-21 22-28 29-10/5	Orientation and Obser. Patient Approach. Med. & Surg. Exper.		SCHOOL
6-12 13-19 20-26 27-11/2	SCHOOL		Orientation & Patient Approach, Obser. Med. & Surg. Exper.
3-9 10-16 17-23 24-30	Staff & Patient Relationships. Med. & Surg. Exper.		SCHOOL
12/1-7 8-14 15-21 22-28	SCHOOL		Staff & Patient Relationships. Med. & Surg. Exper.
29-1/4 5-11 12-18 19-25	Med. & Surg. O.R., R.R. E.R. Observation.		SCHOOL
26-2/1 2-8 9-15 16-22	SCHOOL		Med. & Surg. O.R., R.R. & E.R. Observation
23-3/1 2-8 9-15 16-22	OBS. PED. Nursery Related Services in OPD.		SCHOOL
23-29 30-4/5 6-12 13-19	SCHOOL		OBS. PED. Nursery Related Services in OPD.
20-26 27-5/3 4-10 11-17 18-24	OBS. Ped. I.C.U. Overall Review Med. - Surg.		SCHOOL
25-31 6/1-7 8-14 15-21 22-28	SCHOOL		OBS. Ped. I.C.U. Med. - Surg. Overall Review
	GRADUATION		GRADUATION

BOARD OF EDUCATION OF THE CITY OF NEW YORK
110 Livingston Street, Brooklyn, N.Y. 11201

PRACTICAL NURSE PROGRAM

STUDENT EVALUATION RECORD

NAME ____________________ SCHOOL ____________________

HOSPITAL ____________________ CLINICAL AREA ____________________

DATE __________ TO __________ CLASS HOURS __________ CL. EXPER. __________

TOTAL CL. __________ TOTAL CL. __________

SCALE: 1 = 65 - 69% Poor Failing 2 = 70 - 74% Below average Failing 3 = 75 - 80% Average 4 = 80-89% Good 5 = 90 - 100% Exceptional

COMMENTS - USE REVERSE SIDE

5 4 3 2 1

I. WORK TRAITS
- a. Organization & planning of assignments
- b. Accuracy, completeness & neatness
- c. Quality of acceptable work
- d. Adaptability to routine situations
- e. Adaptability to unusual & emergency situations
- f. Seeks guidance when needed

COMMENT

TOTAL __________

II. APPLICATION OF PRINCIPLES TO PATIENT CARE
- a. Safety & comfort of the patient
- b. Adaptability of nursing care to specific needs of patient
- c. Ability to use judgment
- d. Awareness of limitations
- e. Reasoning ability; application of knowledge
- f. Seeking guidance when needed

COMMENT

TOTAL __________

III. ATTITUDE TOWARD WORK
- a. Alertness
- b. Ability to assume responsibility under supervision
- c. Dependability on following through on assignments & instructions
- d. Trustworthiness
- e. Initiative

COMMENT

TOTAL __________

IV. INTERPERSONAL RELATIONSHIPS
1. Relationships with patients
   - a. Tactfulness
   - b. Establishes rapport
   - c. Respect for the patient & family
   - d. Willingness to help meet patient's needs
2. Relationship with co-worker
   - a. Cooperation
   - b. Tactfulness
   - c. Courtesy and respect
   - d. Observes established channels of communication

COMMENT

TOTAL __________

V. RELATIONSHIP WITH SUPERVISOR
- a. Cooperation
- b. Tactfulness
- c. Acceptance of criticism; makes use of suggestions
- d. Benefits from criticism
- e. Courtesy and respect

COMMENT

TOTAL __________

VI. OBSERVATION
- a. Recognition of patient's needs
- b. Reporting and recording observations
- c. Seeking guidance when needed

COMMENT

VII. CHARTING
- a. Records detailed descriptive notations
- b. Reporting and recording observations
- c. Seeking guidance when needed

COMMENT

VIII. MEDICATIONS
- a. Proper preparation of medication
- b. Proper administration of medication to patient
- c. Understanding of the action and effect of the medication
- d. Proper charting of medication administered

COMMENT

IX. CLINICAL CONFERENCES
- a. Preparation and participation
- b. Retention and utilization of conference material

COMMENT

X. APPEARANCE
- a. Uniform complete; clean and neat
- b. Hair well-groomed

COMMENT

XI. ATTENDANCE - Number of days absent
- a. Assumes responsibility for informing agency of absence

COMMENT

XII. PUNCTUALITY
- a. Reports for duty on time
- b. Reports to class on time
- c. Reports to and from assignments on time

COMMENT

XIII. Clinical Performance ______% Tests & Assignments ______% C

STUDENT'S SIGNATURE ____________________

CLINICAL INSTRUCTOR'S SIGNATURE ____________________

STUDENT'S COMMENTS

EDUCATION OF THE CITY OF NEW YORK
gston Street, Brooklyn, N.Y. 11201

STUDENT EVALUATION RECORD

SCHOOL ______________________

CLINICAL AREA ______________________

CLASS HOURS __________ CL. EXPER. __________

TOTAL CL. __________ TOTAL CL. __________

% 3 = 75 - 80% 4 = 80-89% 5 = 90 - 100%
verage Average Good Exceptional

USE REVERSE SIDE

5	4	3	2	1

of assignments
& neatness
ork
situations
& emergency situations
ded

TOTAL __________

TO PATIENT CARE
patient
care to specific needs of patient

ication of knowledge
eeded

TOTAL __________

nsibility under supervision
ing through on assignments & instructions

TOTAL __________

ents

ent & family
meet patient's needs

rker

channels of communication

TOTAL __________

OR

; makes use of suggestions

TOTAL __________

VI. OBSERVATION

5	4	3	2	1

a. Recognition of patient's needs
b. Reporting and recording observations
c. Seeking guidance when needed
COMMENT

TOTAL __________

VII. CHARTING
a. Records detailed descriptive notations
b. Reporting and recording observations
c. Seeking guidance when needed
COMMENT

TOTAL __________

VIII. MEDICATIONS
a. Proper preparation of medication
b. Proper administration of medication to patient
c. Understanding of the action and effect of the medication
d. Proper charting of medication administered
COMMENT

TOTAL __________

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COMMENT

TOTAL __________

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a. Uniform complete; clean and neat
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COMMENT

TOTAL __________

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a. Assumes responsibility for informing agency of absence
COMMENT

TOTAL __________

XII. PUNCTUALITY
a. Reports for duty on time
b. Reports to class on time
c. Reports to and from assignments on time
COMMENT

TOTAL __________

XIII. Clinical Performance ______% Tests & Assignments ______% COMPOSITION GRADE ______

STUDENT'S SIGNATURE ______________________

CLINICAL INSTRUCTOR'S SIGNATURE ______________________

STUDENT'S COMMENTS

SCHOOL ____________________

ADDRESS ____________________

BOARD OF EDUCATION OF THE CITY OF NEW YORK
PRACTICAL NURSE SUMMARY RECORD

STUDENT ____________________ ADDRESS ____________________

BIRTH DATE ____________ ENTRANCE DATE ____________ DATE OF COURSE COMPLETION ____________

DATE OF H.S. COMPLETION ________ DATE OF LICENSING EXAMINATION ________ SCORE ______ TOTAL HOURS OF COURSE ________

11TH YEAR	CLOCK HOURS - INSTRUCTION				CLOCK HOURS - INSTRUCTION		
COURSE	TERM	HOURS	GRADE	COURSE	TERM	HOURS	GRADE
Fundamentals of Nursing I Personal, Family, Community Health				Growth & Development			
Normal Nutrition & Diet Modification				First Aid & Disaster Nursing			
Body Structure & Function				Fundamentals of Nursing II			
Microbiology							
Clinical Experience							
12TH YEAR							
Care of Ill of All Ages (Medical, surgical, nursing, diet, management, medications)				Maternal & Child Care			
				Pediatric Nursing			
Vocational Adjustments				Psychiatric Nursing			

- CLINICAL EXPERIENCE -

COURSES	TERM	DATES		WARD HOURS	CLINICAL CONFERENCE HOURS	GRADE
		From -	TO			
Nursing Care: Medical Conditions						
Psychiatric Nursing (Stress)						
Surgical Conditions						
Obstetrics						
Newborn						
Pediatrics						

TOTAL HOURS ____________________ Grade Average ____________

CLINICAL FACILITIES

Principal ____________________

Director of Nursing ____________________ R.N.

SAMPLE LESSON PLAN Excerpt from Curriculum Content

Introduction to the care of patients with disorders and diseases of the gastro-intestinal system

Motivation for developing lessons on the gastro tract.

You have been assigned to a medical unit. The and information from the Kardex indicate that t patients are available for assignment.

Mr. Fred Brown________Admitted for diagnostic
Mr. John Smith________Post-operative colostomy
Mr. Alfred White______Gastrostomy
Mrs. Gloria Snow______Hepatitis
Mrs. Mary Jones_______Diagnosis ? -Exploratory

UNIT V. CARE OF PATIENTS WITH DISORDERS AND DISEASES OF THE GASTROINTESTINAL SYSTEM
TOPIC: Peptic Ulcer

AIM: How to care for the patient with a peptic ulcer

Equipment: Overhead projecto
study or mimeogra
Models: digestiv
Chart: digestive

Illustrations: u

MOTIVATION
Case Study
Fred Brown: Diagnosis- Peptic Ulcer

CONTENT	ACTIVITIES
Definition of peptic (gastric) ulcer open lesion on mucous membrane of stomach	Using models, charts, illustrations normal and abnormal stomach struc
Causes unknown hereditary predisposition	
oversecretion of HCL in stomach	Why is there an oversecretion of HC

LAN Excerpt from Curriculum Content

the care of
isorders and
gastro-
em

Motivation for developing lessons on the gastrointestinal tract.

You have been assigned to a medical unit. The morning report and information from the Kardex indicate that the following patients are available for assignment.

Mr. Fred Brown	Admitted for diagnostic tests
Mr. John Smith	Post-operative colostomy
Mr. Alfred White	Gastrostomy
Mrs. Gloria Snow	Hepatitis
Mrs. Mary Jones	Diagnosis ? -Exploratory Surgery

OF PATIENTS WITH DISORDERS AND DISEASES OF THE GASTROINTESTINAL SYSTEM
lcer

are for the patient with a peptic ulcer

dy
wn: Diagnosis- Peptic Ulcer

Equipment: Overhead projector for case study or mimeographed sheets
Models: digestive system
Chart: digestive system

Illustrations: ulcers

	ACTIVITIES
peptic (gastric) ulcer on mucous membrane of stomach	Using models, charts, illustrations, compare normal and abnormal stomach structure.
redisposition n of HCL in stomach	Why is there an oversecretion of HCL?

CONTENT	ACTIVITIES
Predisposing factors	
worry	How does the personal life and enviro the patient contribute to peptic ul
irregularity of eating (hurried)	
Symptoms	
pain dull, burning, gnawing sensations	Elicit description of the characteris "pain" of peptic ulcer.
upper abdomen or mid-epigastric region	
1-3 hours after eating	
relieved by eating	
nausea and vomiting may be present	
tarry stools- due to hemorrhage	Why are tarry stools significant in t condition?
distended abdomen	
bilateral should pain sometimes present	
MEDICAL SUMMARY	How do the facts presented in Mr. Bro study follow the characteristic pic an ulcer patient?
Diagnostic tests	How is the diagnosis of peptic ulcer
gastric analysis	
x-ray (G.I. series)	
fluoroscopy	
examination of stool specimen	
C.B.C.	
Treatment and nursing care	
rest and freedom from emotional tensions	Why are rest and freedom from emotion important factors in the treatment Discuss nursing responsibilities which sure rest and freedom from tensions.
observe and chart general condition	
check vital signs for shock and hemorrhage	Why is it necessary to check patient's signs frequently?
note characteristics of patient's stools	

	ACTIVITIES
tors	
f eating (hurried)	How does the personal life and environment of the patient contribute to peptic ulcer?
ning, gnawing sensations or mid-epigastric region r eating ting lting may be present	Elicit description of the characteristics of "pain" of peptic ulcer.
due to hemorrhage men ld pain sometimes present	Why are tarry stools significant in this condition?
	How do the facts presented in Mr. Brown's case study follow the characteristic picture of an ulcer patient?
	How is the diagnosis of peptic ulcer determined?
is ries)	
stool specimen	
rsing care om from emotional tensions	Why are rest and freedom from emotional tensions important factors in the treatment of ulcers? Discuss nursing responsibilities which would insure rest and freedom from tensions.
rt general condition ns for shock and hemorrhage stics of patient's stools	Why is it necessary to check patient's vital signs frequently?

CONTENT	ACTIVITIES
drugs for sedation acidity relief of spasms	Why are the following drugs or medica sedatives antacids antispasmodics Why must the nurse understand toxic r the above medications?
diet acute stage- "Sippy" recuperative stage- "Bland"	How is the normal diet modified in th recuperative stages of peptic ulcer

FINAL SUMMARY

After one week of hospitalization, Mr. Brown is read
charge. Explain how you would instruct him to care
to prevent a recurrence.

ASSIGNMENT

Mr. Brown was readmitted to the hospital four weeks
following symptoms were presented: vomiting of dark
passage of tarry stools, faintness, pallor, increase
lowered blood pressure. Review and outline the basi
of preoperative and postoperative care with specific
tions to the needs of the patient with abdominal sur
This assignment leads into the nursing care of patie
operative conditions of the gastrointestinal system.
See case study of Mary Jones.

LESSON PLAN

TIME ADJUSTMENT

Adjust plan to either 1, 2, or 3 periods as available.

Example: 40 minutes ____________ diagnostic tests
80 minutes ____________ " " , causes, sysmptoms, treatment.
120 minutes ____________ " " , " " " , nursin
complications,etc.

	ACTIVITIES
asms	Why are the following drugs or medications ordered? sedatives antacids antispasmodics Why must the nurse understand toxic reactions to the above medications?
"Sippy" stage- "Bland"	How is the normal diet modified in the acute and recuperative stages of peptic ulcer?

After one week of hospitalization, Mr. Brown is ready for discharge. Explain how you would instruct him to care for himself to prevent a recurrence.

Mr. Brown was readmitted to the hospital four weeks later. The following symptoms were presented: vomiting of dark fluid, passage of tarry stools, faintness, pallor, increased pulse rate, lowered blood pressure. Review and outline the basic principles of preoperative and postoperative care with specific applications to the needs of the patient with abdominal surgery.

This assignment leads into the nursing care of patients with operative conditions of the gastrointestinal system.

See case study of Mary Jones.

T

ther 1, 2, or 3 periods as available.
minutes ____________ diagnostic tests
minutes ____________ " " , causes, sysmptoms, treatment.
minutes ____________ " " , " " " , nursing care, complications,etc.

ACTIVITIES

Include questions, discussion, demonstrations, visual aids, and clinical observations
with this condition.

Integrate related structure and function of the body to patient with this disorder or tions, discussion, demonstrations, visual aids, and clinical observations of a patient condition.

lated structure and function of the body to patient with this disorder or disease.

SAMPLE TEST: PEPTIC ULCER

MULTIPLE CHOICE: Select the best answer and record in the space provided. Questions one to ten relate to the following situation:

Mr. Fred Brown, a young business executive, has been employed by his firm for five years. He is the father of two children. He is a member of numerous community organizations and the family leads a very active social life. They live in a $35,000 home and live rather luxuriously.

For the past year, Mr. Brown has had complaints of frequent "indigestions" that seemed to clear up with commercial preparations for relief of acid-stomach. Within the last two months he has been awakened at night with epigastric pain which was relieved at night with a glass of milk. Mr. Brown visited his doctor and a series of tests were ordered. Mr. Brown was admitted to the hospital for diagnostic tests.

1. The predisposing causes of peptic ulcers are:
   a. living on a limited budget
   b. excessive smoking and drinking
   c. irregular eating habits
   d. social and emotional stress

   a. all except #1
   b. all except #2 and 3
   c. all except #1 and 4
   d. all of these

1. ____

2. Symptoms of peptic ulcer are:
   a. bilateral shoulder pain
   b. distended abdomen
   c. gnawing sensation in epigastric region
   d. pain in umbilical region

   a. all except #1 and 2
   b. all except #2 and 3
   c. all except #4
   d. all of these

2. ____

3. The diagnostic purpose of the gastric analysis is:
   a. for x-ray of stomach contents
   b. to determine the amount of free HCl present in stomach
   c. for microscopic analysis of stomach content
   d. for serology of stomach content

3. ____

SAMPLE TEST: PEPTIC ULCER

t the best answer and record in the space provided. Questions one to
elate to the following situation:

red Brown, a young business executive, has been
yed by his firm for five years. He is the father
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rown was admitted to the hospital for diagnostic
.

uses of peptic ulcers are:
ited budget
ng and drinking
g habits
ional stress

a. all except #1
b. all except #2 and 3
c. all except #1 and 4
d. all of these

1. ____________

ulcer are:
der pain
en
on in epigastric region
al region

a. all except #1 and 2
b. all except #2 and 3
c. all except #4
d. all of these

2. ____________

ose of the gastric analysis is:
tomach contents
he amount of free HCl present in stomach
analysis of stomach content
stomach content

3. ____________

4. The preparation of the patient for a G.I. series includes: 4. ____
   a. a barium enema
   b. NPO after midnight
   c. intubation of Miller-Abbott or Levine tube
   d. gastric lavage

5. A dangerous complication of peptic ulcer is 5. ____
   a. pernicious anemia
   b. perforation
   c. jaundice
   d. ulcerative colitis

6. The following symptoms should be reported immediately as significant in internal bleeding: 6. ____
   a. erythema, weak rapid pulse, tarry stools
   b. pallor, slow, bounding pulse, tarry stools
   c. pallor, weak rapid pulse, tarry stools
   d. flushed, slow bounding pulse, clay-colored stools

7. The physician has ordered a sedative, antacid, and antispasmodic. Which of the following meets these requirements: 7. ____
   a. luminal, aspirin, pavatrine
   b. seconal, Riopan, Donnatal
   c. Sodium amytal, Tylenol, Benemid
   d. phenobarbital, gelusil, tincture of belladonna

8. A symptom of the toxicity of tincture of belladonna to be reported is: 8. ____
   a. salivation, constricted pupils, weak pulse
   b. drooling, dilated pupils, rapid pulse
   c. extreme thirst, dilated pupils, rapid pulse
   d. salivation, visual disturbance, weak pulse

9. The prescribed diet for peptic ulcer includes: 9. ____
   a. small frequent feedings, low sodium, high proteins
   b. small frequent feedings, Sippy, or bland diet
   c. regular feedings, high caloric, low residue
   d. regular feedings, low caloric, high residue

10. When Mr. Brown is sedated, the nursing responsibilities include: 10. ____
   a. side rails, deep breathing, frequent turning
   b. side rails, check of vital signs q.h., limited movement
   c. body support, quiet environment, limited movement

of the patient for a G.I. series includes: 4. ______________
na
dnight
f Miller-Abbott or Levine tube
ge

lication of peptic ulcer is 5. ______________
nemia

olitis

ptoms should be reported immediately as significant in 6. ______________
g:
k rapid pulse, tarry stools
bounding pulse, tarry stools
rapid pulse, tarry stools
bounding pulse, clay-colored stools

ordered a sedative, antacid, and antispasmodic. Which 7. ______________
meets these requirements:
rin, pavatrine
an, Donnatal
, Tylenol, Benemid
, gelusil, tincture of belladonna

toxicity of tincture of belladonna to be reported is: 8. ______________
onstricted pupils, weak pulse
ated pupils, rapid pulse
t, dilated pupils, rapid pulse
isual disturbance, weak pulse

et for peptic ulcer includes: 9. ______________
t feedings, low sodium, high proteins
t feedings, Sippy, or bland diet
ngs, high caloric, low residue
ngs, low caloric, high residue

sedated, the nursing responsibilities include: 10. ______________
eep breathing, frequent turning
heck of vital signs q.h., limited movement
quiet environment, limited movement

SAMPLE NURSING CARE PLAN

Patient's Name	Mr. Mrs. Miss	Sex	Age	Religion	Occupation

Admission Date

Diagnosis

Past History (Medical-Surgical)

Complications

Hours	Patient's Needs and Problems	Nursing Responsibilities - Plan of Care	Reasons
	Hygiene		
	Treatments-Procedures		
	Medications		
	Diet (Intake-Output) Likes-Dislikes		
	Activities		
	Miscellaneous		

Evaluation

How effective was your plan in meeting the needs of your patient? Physical, psychological, social, & spiritual	How would you improve your plan?

SAMPLE NURSING CARE PLAN

Brown, Fred	Mr.	M.	30		Business Executive
Patient's name	Mr. Mrs. Miss	Sex	Age	Religion	Occupation

1/12/70	Diagnostic tests for ulcer	Frequent indigestion - epigastric pain, severe
Admission Date	Diagnosis	Past History (Medical-Surgical)

Possible perforation of gastric ulcer

Complications

Occasional spitting up of blood

1/13/70

Hours	Patient's Needs and Problems	Nursing Responsibilities - Plan of Care	Reasons
		Record pertinent information	Follow-up. by Dr. & nurse
	Hygiene Self-care Elimination	Observe stool	tarry stool (bleeding)
	Treatments - Procedures		
7 A.M.	G.I. Series Barium enema in x-ray	Explain procedure and reassure Pt. Cleaning enema until clear	Allay fears, prevent impaction and allow for good film reading
7 A.M.		Oil retention enema	Prevent impaction
	Medications		
9 P.M.	phenobarbital gr. s̄s̄	Pt. apprehensive	Relief of tension
	Diet (Intake-Output) Likes-Dislikes	No breakfast or feedings until after G.I. series	
12 noon	soft	Request food tray after series	Prevent hunger
A.M.-P.M.	Activities - ambulatory	Watch TV, read, etc.	Reduce tension. Insure relaxation
A.M.-P.M.	Miscellaneous	Develop awareness of home (2 children) or business problems Visit from the clergy	Contributing factors to condition

Evaluation

How effective was your plan in meeting the needs of your patient? Physical, psychological, social, & spiritual.	How would you improve your plan?

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VISUAL AIDS

Fundamentals of Practical Nursing

Films

	SOURCE*
Arithmetic	COR
Understanding the Problem	
Brushing Up on Division	
Brushing Up on Multiplication	
Decimals Are Easy	
Solutions	
Balance in Action	ANA
Medications: An Ounce of Prevention	ANA
No Margin for Error	ANA
Intravenous Fluid Fusion	ANA
One Day's Poison	NYS
The Patient as a Person	NYS
Personal Health for Girls	NYS
Techniques of Parenteral Medication	ANA

Film Loops

	SOURCE*
Asepsis	PH
Sterile Glove Application	
Simple Dressing	
Simple Compresses	

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*Names and addresses of sources are listed on page 329.

Bandaging and Binders	PH
Elastic "Toes to Heel"	
Binder: Application-Scultetus	
Breast Binder: Compressing	
Breast Binder: Supporting	
Bedmaking	LIP
Draping	PH
HorizontalRecumbent	
Knee Chest - Genupectoral	
Left Lateral "Sims"	
Dorsal Recumbent	
Evaporation Causes Cooling	DOU
Fundamentals: Back Care	PH
Handwashing: Routine	PH
Heat Expands Gases	DOU
Heat Expands Liquids	
Heat Expands Metals	
Hot and Cold Applications	PH
Hot Water Bottle: Filling	
Ice Collar: Filling and Application	
Hygiene (Series of 3)	LIP
Injections Series (Series of 10)	LIP
Insertion of Foley Catheter: Male (Parts I and II)	PH
Irrigation	PH
Clean Vaginal	
Levine Tube	
Throat	

Medical Asepsis: Putting on a Previously Worn Gown	POT
Medications: Oral - Setting Up Rectal	PH
Positioning and Exercise (Series of 2)	LIP
Preparation of Foley Catheter Tray	POT
Sterile Glove Technique	POT
Techniques of Female Catheterization	FA
Techniques of Gastrostomy Feeding	FA
Techniques of Injection: Intramuscular and Subcutaneous	FA

Filmstrips

Admission and Discharge	TRA
Basic Patient Care Series	RB
Bed Bath	TRA
Blood Pressure	TRA
Bowel and Bladder Training	TRA
Care of the Dying Patient	TRA
Cleansing Enema	TRA
Feeding the Patient	TRA
Isolation Technique	TRA
Lifting and Moving Patients	TRA

Medical Asepsis	TRA
Observation and Charting	TRA
Occupied Bedmaking	TRA
Orientation	TRA
Personal Care in Long Term Illness	TRA
Positioning to Prevent Contractures	TRA
Posture and Body Mechanics for You and Your Patient	ANA
Preoperative and Postoperative Care	TRA
Range of Motion: Joint Exercises	TRA
Temperature, Pulse, and Respiration	TRA
Transfer Activities and Ambulation	TRA
Urinary Care	TRA

Transparencies

Applied Mathematics (Units 1 to 3)	LIP
Fundamental Nursing Principles: Units 1 to 16	LIP
Inhalation Therapy (Units 1 to 10)	LIP

Communicable Disease and Microbiology

Films

Bacteria - Friend and Foe	NYS
Body Fights Bacteria	NYS

Cell Biology: Mitosis and DNA	COR
Genetics: Human Heredity	COR
Infectious Diseases and Man-Made Defenses	COR
Infectious Diseases and Natural Body Defenses	COR
The Invader: Syphilis	ANA
Let's Keep the Killer Down	NYS
The Role of Nursing in Infection Control	ANA
Sneezes and Sniffles	NYS
The Special Universe of Walter Krolik	ANA

Personal, Family, and Community Health

Films

About Faces	NYS
Body Care and Grooming	NYS
Dental Health: How and Why	NYS
Dr. Carter Makes a Drive	NYS
More Than Words	ANA
Our Teeth	NYS
The Story of Menstruation	NYS
Teaching Teenagers About Alcohol	NYS
What Can I Say	ANA

Film Loops

Act Your Age	COR
Are You Ready for Marriage	COR
The Cashier's Mistake	EFL
The Cheat	EFL
Respect for Property	COR
Right or Wrong: Making Moral Decisions	COR
The Thief	EFL
What Is a Contract	COR

First Aid and Disaster Nursing

Films

Attention Medical	NYS
Children at Play with Poison	NYS
Fire and Your Hospital	NYS
First Aid	NYS
Life in Your Hands	NYS
Emergency Medical Service	NYS
Emergency 77	MET
Pulse of Life	NYS

Rescue Breathing	ANA
Rescue Breathing	NYS
The Shelter: Psychological Aspects of Disaster Nursing	ANA
Unexpected Moment	NYS

Film Loops

Mouth to Mouth Resuscitation	FA
Mouth to Nose Resuscitation	FA
Resuscitation Techniques	FA

Transparencies

Bandaging and Splinting	LIP
Emergency Childbirth	LIP
Emergency Surgery Units A to Z	LIP
First Aid	LIP
Mouth to Mouth Resuscitation	LIP

Body Structure and Function

Films

Digestion (Chemical)	NYS
Digestion of Foods	NYS
Ears: Their Structure and Care	NYS
Endocrine Glands: How They Affect You	NYS

Heart and Circulation of Blood	NYS
How the Ear Functions	NYS
How the Eyes Function	NYS
The Heart: How It Works	NYS
Human Body: Circulatory System Digestive System Nutrition and Metabolism The Muscular System The Nervous System The Reproductive System The Respiratory System	NYS
The Human Body: The Brain The Circulatory System The Digestive System The Excretory System The Muscular System The Nervous System Nutrition and Metabolism The Reproductive System The Respiratory System The Sense Organs The Skeleton	COR
Human Digestion	NYS
The Human Skin	NYS
Johnny's New World	NYS
Kidney, Ureters, and Bladder: Their Structure and Function	NYS
Mechanisms of Breathing	NYS

Moving X-rays	NYS
The Nose: Structure and Function	NYS
The Nose, Throat, and Ears	NYS
The Skeleton	NYS
The Spinal Column	NYS
Tissues of the Body	CHU
Your Eyes	NYS
Wonder Machine of the Body	NYS
Work of the Blood	NYS

Film Loops

Cells of Onion Root-Tip: Mitotic Division	DOU
Chromosome Behavior: Mitosis and Meiosis	DOU
Human Tests	DOU
Phagocytosis by a White Blood Corpuscle	DOU

Transparencies

Anatomy and Physiology (Units 1 to 11)	LIP

Charts

Anatomical Charts	BOA
Anatomical Charts	DEN
Schick Notebook Anatomical Charts	SCH

Models

Anatomical Models	BOA

Growth and Development

Films

Age of Turmoil	NYS
Allen Is My Brother	NYS
Answering the Child's Why	NYS
Babies Like to Eat	NYS
Baby Meets His Parents	NYS
Becoming a Man	GUI
Becoming a Woman	GUI
The Bright Side	NYS
Boy to Man	CHU
Children Learning by Experience	NYS
Children's Emotions	NYS
Children's Growing Up With Other People	NYS
Children's Play	NYS
A Class for Tommy	NYS
Developing Your Personality	GUI
Eat for Health	NYS

A Family Affair	NYS
Family Circles	NYS
Family Circus	NYS
Farewell to Children	NYS
Fears of Children	NYS
Food as Children See It	NYS
Food for Freddy	NYS
From Sociable Six to Noisy Nine	NYS
From Ten to Twelve	NYS
The Frustrating Fours and the Fascinating Fives	NYS
Girl to Woman	CHU
Growing Into Manhood: A Middle School Approach	GUI
Growing Into Womanhood: A Middle School Approach	GUI
He Acts His Age	NYS
Helping the Child to Accept the Do's	NYS
Helping the Child to Face the Don'ts	NYS
Human Heredity	BTC
If These Were Your Children (Parts I and II)	NYS
Joe and Roxy - Teen-Agers	NYS

Know Your Baby	NYS
Life With Junior	NYS
Mealtime Can Be a Happy Time	NYS
The Meaning of Adolescence	NYS
Meeting the Needs of Adolescents	NYS
Physical Aspects of Puberty	NYS
Preface to a Life	NYS
Principles of Development	NYS
Sibling Relations and Personality	NYS
Sibling Rivalries and Parents	NYS
Six-, Seven-, and Eight-Year-Olds	NYS
Shyness	NYS
Social Development	NYS
Social-Sex Attitudes in Adolescence	NYS
Starting Nursery School: Patterns of Beginning	NYS
The Teens	NYS
The Terrible Twos and Trusting Threes	NYS
A Two-Year-Old Goes to the Hospital	NYS
Understanding Children's Play	NYS

You and Your Parents	NYS
Your Body During Adolescence	NYS
Your Child Is a Genius	NYS
Your Children and You	NYS
Your Children's Sleep	NYS
Why Won't Tommy Eat	NYS
Who Is Sylvia	NYS

Film Loops

Neonate (Parts I and II)	PH
Nine Months (Part I and II	PH
One Month (Parts I and II)	PH
One Year	PH
Six Months (Parts I and II)	PH
Three Months	PH

Senescence, Occupational Therapy, Rehabilitation

Films

Adventure in Maturity	NYS
Assisting the Patient to Resume Ambulation	ANA
Assistive Devices for the Physically Handicapped	NYS

Care at Home	NYS
Comeback	NYS
Day After Tomorrow	NYS
Diary of Connie McGregor	ANA
The Glass Wall	NYS
Home Care	NYS
Home Care: An Approach to the Treatment of Chronic Illness	ANA
Homes That Care	NYS
Independence Regained	NYS
Journey Back	NYS
Living with Limitations	NYS
Long Day's Journey	ANA
A Matter of Seconds	NYS
No Man Walks Alone	ANA
The Physical Therapist, the Nurse and the Patient with Crutches	ANA
A Place to Live	NYS
Prescription O.T.	NYS
Prevention of Disability from Stroke	NYS

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Proud Years	NYS
Recalled to Life	NYS
Recreational and Occupational Therapy	ANA
Retire to Live	NYS
The Return	NYS
The Rights of Ages	ANA
The Road Back	NYS
Second Chance	ANA
Spinal Cord Injury: The Functional Expectations as Related to Level of Injury	NYS
Teaching Crutch Walking	ANA
Teaching Crutch Walking	NYS
Teaching the Handicapped to Dress	ANA
Teaching Speech After Laryngectomy	NYS
Two Lives	ANA
The Walking Belt	ANA

Medical and Surgical

Films

Allergies	NYS
Care and Handling of Surgical Instruments	ANA
Draping the Patient for Surgery	ANA
Drugs and the Nervous System	CHU
Gowning and Gloving for Surgery	ANA
Hold Back the Night	NYS
I Dress the Wound	ANA
Is Smoking Worth It	NYS
Killer at Large	NYS
The Losers (Carousel)	BUR
Management of the Leprosy Patient	NYS
The Menopause: The Role of Estrogens	NYS
The Patient and Fluid Balance (Units 1 to 3)	LIP
Physical Diagnosis of the Ear, Nose, and Throat	NYS
Positioning the Patient for Surgery	ANA
Postoperative Management of Colostomy	NYS
Preparation of the Patient for Surgery	ANA

Rehabilitation of Respiratory Patients	NYS
Second Chance	NYS
Seduction of the Innocent (Davis)	BUR
The Story of Wendy Hill	NYS
Tobacco and the Human Body	NYS
Transporting the Patient for Surgery	ANA
Working Together	NYS

Filmstrip

Techniques for Maintenance of Range of Motion	ANA

Normal Nutrition

Films

Home Management: Buying Food	NYS
It's All in Knowing How	NYS
Making Ends Meet	NYS
Menu Planning	NYS
Weight Reduction Through Dieting	NYS

NURSING CARE OF PATIENTS

Cancer

Films

A Special Kind of Care	ANA
Breast Examination (Self)	NYS
Breast Self-Examination	ACS
Nursing the Cancer Patient Diagnosis Cancer of the Rectum	NYS
The Other City	ACS
Time and Two Women	ACS
The Traitor Within	ACS

Cardiovascular

Films

Atherosclerosis: The Role of Estrogens	NYS
Arteriosclerosis	NYS
Cerebral Vascular Disease	ANA
Cerebral Vascular Disease: The Challenge of Diagnosis	NYS
The Challenge of Management	ANA
Common Heart Diseases and Their Causes	MCG
Common Heart Disorders and Their Causes	NYS

Coronary	NYS
Coronary Heart Disease	NYS
The Doctor Examines Your Heart	NYS
Heart Disease	NYS
Heart Disease: Its Major Causes	NYS
Modern Medicine Looks at the Heart	NYS
Myocardial Infarction: The Nurse's Role	NYS
The Nurse in Emergency Cardiopulmonary Resuscitation	ANA
Open Heart Operation	NYS
Pump Trouble	NYS
Strokes	NYS
The Valiant Heart	NYS

Film Loops

External Cardiac Massage	FA

Transparencies

The Patient and Circulatory Disorders (Units 1 to 3)	LIP

Charts

Cancer Charts	BOA

Endocrine

Films

Diabetes and You, Too	NYS

Diabetes Nursing Series	ANA
Quiet Victory (Diabetes)	ANA
The Face (Endocrine and Vascular Conditions)	NYS
Understanding Diabetes	ANA

Tuberculosis

Films

Coming Home	NYS
Diagnostic Procedures in Tuberculosis	NYS
The Inside Story	NYS
This Is TB	NYS
Time Out	NYS
Unsuspected	NYS

Venereal Disease

Films

A Practical View of Syphilis	NYS
A Quarter Million Teenagers	CHU
Dance, Little Children	NYS
Health Is a Victory	NYS
The Innocent Party	NYS
The Invader	NYS

Plain Facts	NYS
VD: Epidemic	MCG
With These Weapons	NYS

Maternal and Child Health

Films

Care of the Newborn Baby	NYS
Food for Life	NYS
From Generation to Generation	NYS
Have a Healthy Baby	CHU
Hereditary and Prenatal Development	NYS
Human Growth	NYS
Human Reproduction	NYS
Human Reproduction - 100	GUI
Hospital Maternity Care: Family Centered	NYS
Management of Breast Feeding	NYS.
Modern Obstetrics: Normal Delivery	ANA
A Normal Birth	MAP
Nursery Sepsis	ANA

PKU: Early Detection in the Hospital Nursery	NYS
Phoebe: Story of a Premarital Pregnancy	MCG
Reproduction	NYS
Resuscitation of the Newborn	NYS
A Study in Maternal Attitudes	NYS
To Plan Your Family	CHU
Understanding Human Reproduction	GUI

Film Loops

Birth	BRO
Checking the Fundus	PH
Delivery Room Care: Newborn (Parts I and II)	PH
Delivery Room Care of the Mother - Stage IV	PH
Fertilization	BRO
Fetal Heart Tones	PH
Gross Placental Physiology	PH
Human Growth	BTC
Human Reproduction and Birth (6 loops)	EAL
Induction of Labor and Fetal Monitoring	PH
Nursery - Bathing Newborn, I (Parts I - III)	PH
Nursery - Bathing Newborn, II (Parts I - III)	PH
Nursery - Discharge of Infant (Parts I and II)	PH

Principles of Infant Feeding	POT
Skin Preparation for Delivery	POT
Timing Contractions	PH

Pediatric Nursing

Films

Children in the Hospital	NYS
Cystic Fibrosis	NYS
Deadline: 53 Minutes (Cerebral Palsy)	NYS
Eternal Children	NYS
First as a Child	NYS
First Steps (Cerebral Palsy)	NYS
Growth Failure and Maternal Deprivation	ANA
In Need of Special Care	ROB
Introducing the Mentally Retarded	NYS
A New World for Peter	NYS
PKU: Mental Deficiency Can Be Prevented	NYS
PKU: Preventable Mental Retardation	NYS
Right from the Start	NYS
The Broken Bridge	ROB
The Infectious Diarrhea	NYS
Thursday's Child	NYS

Triumph Over Deafness	NYS
What Is Cerebral Palsy	NYS

Film Loops

Pediatrics:	PH
Restraints: Arm Cuff and Net	
Restraints: Mummy	
Restraints: Soft	

Psychiatric Nursing

Films

A Depression	NYS
A Paranoid-Schizophrenic	MCG
Alcoholism	NYS
Alcohol and the Human Body	NYS
Drug Addiction	NYS
Hands (Communication and Occupational Therapy)	NYS
Hooked	CHU
LSD: The Spring Grove Experiment	MCG
Man to Man	ANA
Mr. Finley's Feelings	NYS
Obsessive-Compulsive Neurosis	MCG
Out of Darkness	NYS

Psychiatric Nursing: The Nurse Patient Relationship	ANA
Story of Marihuana	NYS
Stress	NYS
The Quiet One	MCG
The Terrible Truth	NYS
To Your Health	ANA
What About Drinking	NYS
Mrs. Reynolds Needs a Nurse	NYS

SOURCES FOR VISUAL AIDS

ACS	American Cancer Society, Inc. New York City Division, 44 East 53rd St., New York, N. Y. 10017
ANA	ANA-NLN Films & Related Materials, 10 Columbus Circle, New York, N. Y. 10019
BOA	New York City Board of Education "Stocked Supply List"
BRO	E. C. Brown Trust Co., 3170 Southwest 87 Ave., Portland, Oreg. 97225
BUR	BAVI Loan Collection, 131 Livingston St., Brooklyn, N. Y. 11201
COR	Coronet Films, 65 East South Water St., Chicago, Ill. 60601
CHU	Churchill Films, 662 North Robertson Blvd., Los Angeles, Calif. 90069
DEN	Denoyer-Geppert Company, 5235 Ravenswood Ave., Chicago, Ill.
DOU	Doubleday Multimedia, Doubleday & Company, Inc., School and Library Division, Garden City, N. Y. 11530
EFL	Ealing Film-Loops, 2225 Massachusetts Ave., Cambridge, Mass. 02140
FA	Film Associates, 11559 Santa Monica Blvd., Los Angeles, Calif. 90025
GUI	Guidance Associates, Pleasantville, N. Y. 10570
LIP	J. B. Lippincott Co., East Washington Square, Philadelphia, Pa. 19105
MCG	McGraw-Hill Films, 330 West 42nd St., New York, N. Y. 10036
MET	Metropolitan Life Insurance Co., Health and Welfare Division, 1 Madison Ave., New York, N. Y. 10010
NYS	New York State Health Department, Office of Public Health Education, 84 Holland Ave., Albany, N. Y.
PH	Prentice-Hall, Inc., Englewood Cliffs, N. J.
POT	Potter's Photographic Applications Company, 160 Herricks Rd., Mineola, N. Y. 11501
RB	Robert J. Brady Co., 13 Que St., NW, Washington, D. C. 20002
ROB	Peter M. Robeck Co., 230 Park Ave., New York, N. Y. 10017
SCH	Rudolph Schick Publishing Co., 14 Park St., Pepperell, Mass. 01463
TRA	Trainex Corp., P. O. Box 116, Garden Grove, Calif. 92642

SOURCES FOR MATERIALS

American Cancer Society, Inc., New
York City Division, 44 East 53rd
St., New York, N. Y.

American Dental Association, Bureau
of Audiovisual Service, 211 East
Chicago Ave., Chicago, Ill. 60611

American Heart Association, 44 East
23rd St., New York, N. Y. 10010

American Pharmaceutical Association,
2215 Constitution Ave., NW,
Washington, D. C. 20037

American Red Cross, 150 Amsterdam
Ave., New York, N. Y.

Association Films, Incorporated,
600 Madison Ave., New York, N. Y.

Ayerst Laboratories, Mr. W. R.
Sheridan, 685 Third Ave., New York,
N. Y. 10017

Behlen Manufacturing Company, Box
569, Columbus, Nebr. 68601

Encyclopedia Britannica Films, Inc.
1150 Wilmette Ave., Wilmette, Ill.

Ethicon, Inc., Advertising &
Promotion, Route 22, Somerville,
N. J. 08876

Food and Agriculture Organization
of the United Nations, North
American Regional Office, 1325 C St.,
NW, Washington, D. C. 20437

Lederle Laboratories, Film Library,
Pearl River, N. Y. 10965

Merck Sharp & Dohme Film Library,
Rahway, N. J.

Metropolitan Life Insurance Co.,
Health and Welfare Division, 1
Madison Ave., New York, N. Y. 10010

National Association of Practical
Nurse Education, Suite 800, 122 East
42nd St., New York, N. Y. 10017

National Multiple Sclerosis Society,
Public Relations Department, 257
Park Ave. South, New York, N. Y.
10016

National Society for the Prevention
of Blindness, Inc., Public Information
Department, 79 Madison Ave.,
New York, N. Y. 10016

National Tuberculosis and Respiratory
Disease Association, 1740 Broadway,
New York, N. Y. 10019

Pfizer Medical Film Library, 267 West 25th St., New York, N. Y. 10001

Philips Roxane Laboratories, Inc.,
330 Oak St., Columbus, Ohio 43216

Sex Education & Family Living Materials, Henk Newenhouse, Inc., 1825
Willow Rd., Northfield, Ill. 60093

Smith, Kline & French Laboratories,
Film Center, SK & F Services Department, 1500 Spring Garden St.,
Philadelphia, Pa. 19101

Veterans Administration, Central
Office Film Library (037B1), Audio
Visuals Service, 810 Vermont Ave.,
NW, Washington, D. C. 20420

Winthrop Laboratories, 90 Park Ave.,
New York, N. Y. 10016

Yeshiva University, Director of
Public Relations, Amsterdam Ave. at
186th St., New York, N. Y. 10033